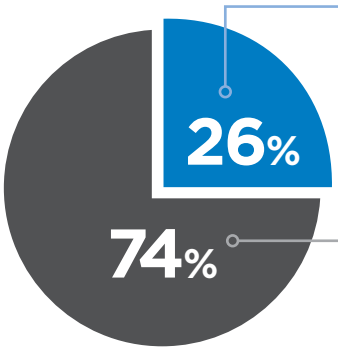
Current ACC/AHA guidelines recommend reducing CV risk by

OPTIMIZING LDL-C MANAGEMENT IN VERY HIGH-RISK PATIENTS[1]

1 IDENTIFY

ACC/AHA guidelines define very high risk (VHR) as multiple major ASCVD events OR one major ASCVD event and multiple high-risk conditions.[1] According to a recent study of 27,775 patients with a history of ASCVD in the *Journal of the American College of Cardiology*, **55.3% of patients met VHR criteria**.[2] These patients were categorized into two risk groups:

Risk groups for patients who met VHR criteria[2]



Patients had **multiple major ASCVD events**[2]

- Recent ACS (within 12 months)
- History of:
  - MI (other than recent ACS above)
  - Ischemic stroke
  - Symptomatic PAD

Patients had **a major ASCVD event *AND* multiple high-risk conditions**[2]

- Age ≥65 years
- Hypertension
- Diabetes mellitus
- Persistent LDL-C ≥100 mg/dL despite max-tolerated statin and ezetimibe
- HeFH
- CKD
- Smoking
- Prior CABG or prior PCI
- History of congestive HF

Risk for CV events like MI and stroke is 3X higher among patients who meet VHR criteria, compared to those with ASCVD who do not meet the VHR criteria[2]

2 TREATMENT RECOMMENDATIONS

To further lower LDL-C and associated CV risk, **ACC/AHA guidelines recommend the addition of a PCSK9 inhibitor like Repatha® (evolocumab) injection** in VHR patients whose LDL-C remains ≥70 mg/dL on max-tolerated statin +/– ezetimibe[1]

Reassess lipid levels 4 to 12 weeks after adjusting therapy. Repeat every 3 to 12 months as needed[1]

INDICATION

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization

IMPORTANT SAFETY INFORMATION

- **Contraindication:** Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

See Important Safety Information on the next page and click here for full Prescribing Information.

INDICATIONS

Repatha® is indicated:

- In adults with established cardiovascular disease to reduce the risk of myocardial infarction, stroke, and coronary revascularization
- As an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH) to reduce LDL-C

IMPORTANT SAFETY INFORMATION

Contraindication: Repatha® is contraindicated in patients with a history of a serious hypersensitivity reaction to evolocumab or any of the excipients in Repatha®. Serious hypersensitivity reactions including angioedema have occurred in patients treated with Repatha®.

Hypersensitivity Reactions: Hypersensitivity reactions, including angioedema, have been reported in patients treated with Repatha®. If signs or symptoms of serious hypersensitivity reactions occur, discontinue treatment with Repatha®, treat according to the standard of care, and monitor until signs and symptoms resolve.

Adverse Reactions in Primary Hyperlipidemia: The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: nasopharyngitis, upper respiratory tract infection, influenza, back pain, and injection site reactions.

From a pool of the 52-week trial and seven 12-week trials: Local injection site reactions occurred in 3.2% and 3.0% of Repatha®-treated and placebo-treated patients, respectively. The most common injection site reactions were erythema, pain, and bruising. Hypersensitivity reactions occurred in 5.1% and 4.7% of Repatha®-treated and placebo-treated patients, respectively. The most common hypersensitivity reactions were rash (1.0% versus 0.5% for Repatha® and placebo, respectively), eczema (0.4% versus 0.2%), erythema (0.4% versus 0.2%), and urticaria (0.4% versus 0.1%).

Adverse Reactions in the Cardiovascular Outcomes Trial: The most common adverse reactions (>5% of patients treated with Repatha® and more frequently than placebo) were: diabetes mellitus (8.8% Repatha®, 8.2% placebo), nasopharyngitis (7.8% Repatha®, 7.4% placebo), and upper respiratory tract infection (5.1% Repatha®, 4.8% placebo).

Among the 16,676 patients without diabetes mellitus at baseline, the incidence of new-onset diabetes mellitus during the trial was 8.1% in patients treated with Repatha® compared with 7.7% in patients that received placebo.

Immunogenicity: Repatha® is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity with Repatha®.

Please click here for full Prescribing Information.

ACC/AHA = American College of Cardiology/American Heart Association; ACS = acute coronary syndrome; ASCVD = atherosclerotic cardiovascular disease; CABG = coronary artery bypass grafting; CKD = chronic kidney disease; CV = cardiovascular; HeFH = heterozygous familial hypercholesterolemia; HF = heart failure; LDL-C = low-density lipoprotein cholesterol; MI = myocardial infarction; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; PCSK9 = proprotein convertase subtilisin/kexin type 9.

References: 1. Grundy SM, et al. *J Am Coll Cardiol*. 2019;73(24):e285-e350. **2.** Colantonio LD, et al. *J Am Coll Cardiol*. 2019;74(20):2496-2507.

AMGEN®
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Repatha® (evolocumab) injection 140 mg/mL