

You are cordially invited
to attend an Amgen

SPEAKER PROGRAM

Lower is Better for Established CVD Patients: Reducing LDL-C and MACE Risk With Repatha®^{1,2}

PRESENTED BY

JOHN ISAAC, MD

HOUSTON, TX 77024

LOCATION

CITRUS CLUB

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Presented via Webcast

RSVP

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DATE AND TIME

6:00 PM Eastern

Thursday, November 13, 2025

CVD = cardiovascular disease; LDL-C = low-density lipoprotein cholesterol; MACE = major adverse cardiovascular events.

References: **1.** Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APHA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on clinical practice guidelines [published correction appears in *J Am Coll Cardiol*. 2019 Jun 25;73(24):3234-3237]. *J Am Coll Cardiol*. 2019;73(24):3168-3209. **2.** Repatha® (evolocumab) prescribing information, Amgen.

INDICATIONS

Repatha® is indicated:

- To reduce the risk of major adverse cardiovascular (CV) events (CV death, myocardial infarction, stroke, unstable angina requiring hospitalization, or coronary revascularization) in adults with established cardiovascular disease
- 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®.

Please see additional Important Safety Information on the following page.



PhRMA guidance: Effective January 1, 2022 the PhRMA Code was revised to include certain new requirements for industry provided Speaker Programs. To comply with these new requirements, Amgen will no longer pay for or provide alcohol in connection with our Speaker Programs.

To mitigate the risk of COVID-19 transmission and in accordance with CDC guidance, attendees are asked to follow the local social distance and safety guidance at all times. Individuals exhibiting signs and symptoms of COVID-19 infection should not attend.

Notice: This event is conducted in accordance with the PhRMA Code on Interaction with Healthcare Professionals and is limited to invited healthcare professionals. Attendance by guests or spouse is not appropriate. Government employees are subject to state and federal laws and ethics rules that may limit your ability to receive any gifts, including meals, from pharmaceutical companies. If you are a state or federal employee, it is your responsibility to seek guidance and prior approval from your employer or site ethics counselor to attend this event.

State Laws: To comply with law and Amgen policies, Amgen is unable to offer food and beverages to (1) individuals with prescribing authority in Vermont or Minnesota; or (2) individuals employed by prescribers in Vermont who support the provision of healthcare. You have the opportunity to opt-out of the meal.

Disclosure by Amgen: Amgen reports payments and transfers of value made to healthcare professionals and other healthcare related entities in accordance with federal and state laws, regulations and other transparency obligations. Any items of value provided by Amgen at this event (including the provision of meals and refreshments) may be subject to public disclosure. If you have questions regarding this matter please contact Amgen at 805-447-7422 or HCCSpendInquiry@amgen.com

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- **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 see Repatha® full Prescribing Information.