Guide to lowering your Cholesterol

21 tips to eat right, get fit and stay heart healthy

QUESTIONS YOU MUST ASK TODAY

"We're fighting this as a family!"

Jason, Michelle and their children aren't letting a genetic form of high cholesterol slow them down

FREE take-home copy

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER
Guide to lowering your
Cholesterol

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For parents Jason and Michelle, high cholesterol runs in the family: They both have it and so do two of their children, including daughter Avery—and they’re fighting it together!

Mackenzie (top) and Alina (right) found their personal paths to lowering high cholesterol levels—and boosting their heart health!
Why your cholesterol matters

When Samantha M., a high school math teacher and mother of three, went for a routine physical last year, she was shocked by the results. “My doctor called and said my cholesterol numbers were off the charts,” recalls the 43-year-old. “He said my total cholesterol was 260 and my LDL was 180,” she says. “I’m about 20 pounds overweight but otherwise, I’ve always been healthy. I’ve never had problems with blood pressure or my sugars,” notes the Nevada resident. “And I walk whenever I can and even take hikes with my family in the Sierras.” Hearing that she had high cholesterol brought back images of her father’s battle with heart disease. “I panicked. All I could do was picture my 50-year-old dad having bypass surgery after a massive heart attack,” recalls Samantha. What’s more, her father had been diagnosed with high cholesterol in his mid-40s, a fact that made Samantha particularly nervous.

Fortunately, Samantha quickly took charge and worked with her doctor on a treatment plan. First, she committed to losing 15 pounds by cutting out her nightly snack of chips and dip in front of the television. She also signed up for Zumba classes with a friend and made a point to go for longer walks and hikes whenever time permitted. When she saw her doctor for a follow-up three months later, Samantha had lost 9 pounds. But she was frustrated to learn that a second blood test showed her cholesterol levels had gone down only 12 points, which is not even close to the recommended levels of below 200 for total cholesterol and 100 for LDL.

More treatment options than ever

Because Samantha had a strong family history of cardiovascular disease, her doctor recommended that she take medication to lower her cholesterol. At first Samantha resisted. After all, wasn’t she too young? Couldn’t starting medication wait until she tried tweaking her diet and exercising more? Her doctor’s response: “He said, ‘Not if you want to lower your risk of heart attack and stroke—and be around to see your grandkids,’ ” recalls Samantha. “That really got to me. I knew I had to do everything within my power to stay healthy for my family.”

Samantha started taking medication as her doctor had advised. Plus, she kept tweaking her diet, replacing saturated fats like cheese and red meat with fruits, veggies, fish and nuts. The result? “My LDL dropped to 72 and my total cholesterol to 179,” she says proudly. “Plus I lost four more pounds and feel great. My doctor said I’ve cut my risk of a heart attack by at least a third,” notes Samantha. “I’m really glad I didn’t wait to start medication.”

The facts about cholesterol

The body manufactures cholesterol, a waxy, fat-like substance that is used to make cells, hormones, vitamin D and more. However, that doesn’t mean that more is better! Your body makes all the cholesterol it needs to carry out important functions. In fact, it’s not necessary at all to get any cholesterol from your diet. To understand how cholesterol can affect your heart and blood vessels, it’s important to know how it works: Cholesterol is found in cell walls throughout the body and travels through the bloodstream in little packages called lipoproteins.

There are two kinds of lipoproteins:

- **LDL (or low-density) lipoprotein.** This is the “bad” type because its job is to deposit cholesterol in the body’s tissues—including the arteries. High levels of LDL cholesterol raise your risk for heart disease.

DID YOU KNOW?
One-third of American adults have high cholesterol, according to the Centers for Disease Control. And most don’t even know it!
HDL (or high-density) lipoprotein.
This is known as the “good” cholesterol because it is responsible for carrying cholesterol to the liver, the organ that helps flush it from the body. High levels of HDL help protect the heart.

Why high LDLs put you at risk
When there is too much LDL cholesterol in the blood, it builds up within artery walls, where it hardens into plaque. Plaque narrows arteries and makes them less flexible, so blood can’t flow as easily. When the blood vessels in the heart (the coronary arteries) are affected, it can lead to coronary artery disease (CAD). Over time, CAD can trigger heart attack, stroke, heart failure and more. Therefore, treatment for high cholesterol often zeroes in on LDLs—lowering LDLs can fend off heart attacks and prevent deaths from heart disease. However, the treatment for high cholesterol often zeroes in on LDLs—lowering LDLs can fend off heart attacks and prevent deaths from heart disease. Luckily, the same steps you take to control cholesterol can also help lower triglycerides.

What about triglycerides?
Triglycerides are another type of fat that travel through the bloodstream in little packets called lipoproteins. They store unused calories from the food you eat and are a ready source of energy. But if you eat more calories than you need, triglycerides build up in the bloodstream, where they can contribute to hardened arteries. Luckily, the same steps you take to control cholesterol can also help lower triglycerides.

Here’s how to take control
Granted, there’s nothing you can do about certain factors that raise cholesterol levels. Some people, for example, are born with a genetic predisposition to high cholesterol. Age and sex are others: Cholesterol levels usually rise from age 20 to 60 or so. Before age 50, men’s levels tend to be higher than women’s of the same age, but after menopause, women’s LDL levels tend to rise.

On the other hand, many factors are within your control. Be sure to discuss the following with your doctor:
• **Diet**: Avoiding saturated fat, found mostly in meat and animal products; trans fats, found in many processed and store-bought baked foods; and dietary cholesterol, found mainly in animal products, can help keep bad LDLs in check.
• **Weight**: Maintaining a healthy weight can help lower bad LDLs and triglycerides and raise good HDLs.
• **Exercise**: Physical activity can lower LDLs and boost your HDLs.
• **Smoking**: Research suggests that smoking can lower good HDLs and damage arteries.
• **Medication**: Your doctor may advise taking medication in addition to lifestyle changes. (See p. 10 for more on treatment options.)

What do you stand?
A blood test called a lipoprotein profile measures levels of total, LDL and HDL cholesterol in your blood, as well as triglycerides. Review the chart below with your healthcare team, and see the next page for more information on setting your customized goals.

<table>
<thead>
<tr>
<th>Total cholesterol</th>
<th>HDL (good) cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 200 mg/dL</td>
<td>Desirable</td>
</tr>
<tr>
<td>200-239 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>240 mg/dL and above</td>
<td>High</td>
</tr>
<tr>
<td>LDL (bad) cholesterol</td>
<td></td>
</tr>
<tr>
<td>Less than 100 mg/dL</td>
<td>Optimal</td>
</tr>
<tr>
<td>100-129 mg/dL</td>
<td>Near optimal/above optimal</td>
</tr>
<tr>
<td>130-159 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>160-189 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>190 mg/dL and above</td>
<td>Very high</td>
</tr>
<tr>
<td>Triglycerides</td>
<td></td>
</tr>
<tr>
<td>Less than 150 mg/dL</td>
<td>Normal</td>
</tr>
<tr>
<td>150-199 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>200-499 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>500 mg/dL and above</td>
<td>Very high</td>
</tr>
</tbody>
</table>

ALREADY HAVE HEART DISEASE?
If so, aim for LDLs lower than 70 mg/dL!
Factors that affect your cardiovascular risk

1. What is your gender?  □ male  □ female

2. What is your age?  □ □ □

3. Do you smoke?  □ yes  □ no

4. Do you have a parent, sibling or other relative who had early heart disease (before age 55 for men and age 65 for women)?  □ yes  □ no

5. Have you been diagnosed with any of the following? (Check all that apply.)
   □ coronary artery disease
   □ peripheral artery disease
   □ transient ischemic attack
   □ heart attack
   □ stroke
   □ angina

6. Have you had any of the following procedures? (Check all that apply.)
   □ coronary bypass surgery
   □ surgery for circulation problem in the legs
   □ a stent procedure
   □ a heart transplant
   □ angioplasty

7. Do you have diabetes (type 1 or type 2)?  □ yes  □ no

8. What is your body mass index? (Calculate yours at nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)  □ □ □

9. What is your waist circumference?  □ □ □

10. What is your blood pressure?  □ □ □

11. Are you taking blood pressure medication?  □ yes  □ no

12. What is your total cholesterol?  □ □ mg/dL

13. What is your LDL cholesterol?  □ □ mg/dL

14. What is your HDL cholesterol?  □ □ mg/dL

15. What are your triglycerides?  □ □ mg/dL

Did you know?
The higher your LDL and the more risk factors you have, the greater your risk for heart attack, according to the National Heart, Lung, and Blood Institute.

Meet your healthcare team

• Primary care provider. An MD specializing in internal or family medicine, this healthcare provider may diagnose and treat your high cholesterol.

• Cardiologist. This MD specializes in heart disease. Your primary care provider may refer you to a cardiologist for tests and procedures, such as an angiogram.

• Endocrinologist. This MD specializes in diseases related to hormones and organs of the endocrine system, such as the liver.

• Nurse practitioner/Physician assistant. These healthcare professionals can monitor your cholesterol levels and provide ongoing care and consultation for high cholesterol.

• Registered dietitian. This nutritional expert can help you develop a heart-healthy eating program—i.e., one low in saturated and trans fats, high in produce and lean protein.
Exploring your treatment options

Whatever your cholesterol goal, know this: Reining in your numbers is well within reach, thanks to the latest array of therapies.

Bring your numbers into line usually starts by making the lifestyle changes—eating a heart-healthy diet, getting more exercise, losing weight—that your healthcare provider recommends. If that doesn’t work, taking medication may be the next step, depending on your personal risk factors. Your doctor will consider things such as your family and medical history, lab test results, if you smoke or are overweight, and if you have high blood pressure or diabetes. If your risk is high, your doctor will likely recommend medication. (See p. 8 for a worksheet to discuss at your exam.)

Fortunately, today’s treatment options are remarkably effective at lowering even stubborn cases of high cholesterol, helping you fend off heart attack, stroke and more!

Here is a look at the medications your doctor may prescribe, either on their own or in combination:

• **Statins.** These oral medications work by decreasing the body’s production of cholesterol and can lower LDL cholesterol levels by as much as 20% to 60%. They can also lower triglycerides and raise HDLs.

• **PCSK9 inhibitors.** These newer drugs inactivate a protein that triggers production of LDLs, and are especially useful in people who are genetically predisposed to high cholesterol but don’t respond well to statins. Given by injection every 2-4 weeks, PCSK9 inhibitors can reduce LDLs by as much as 70%

  **Good news!** One PCSK9 inhibitor is now FDA-approved to help prevent heart attack, stroke and coronary artery procedures in people who have cardiovascular disease.

• **Ezetimibe.** This oral medication prevents the body from absorbing cholesterol from the foods you eat and even the cholesterol made by the body itself. It works best at lowering LDLs but can make some modest improvements in both triglyceride and HDL levels.

• **Bile acid sequestrants.** These oral medications cause the liver to increase its production of bile. The liver uses cholesterol to make bile, so the more bile it makes, the less cholesterol is left in the bloodstream.

• **Niacin.** When taken in high doses, this B vitamin can help lower total cholesterol and reduce LDL cholesterol anywhere from 5% to 25%. However, it must be taken under the supervision of your healthcare provider because it can be toxic. **Note:** Do not take supplemental niacin without discussing it with your doctor.

• **Fibrates.** These oral medications can help lower triglycerides. They can also help raise HDLs. However, they are not effective at lowering LDL levels. 

**LOWER LDL IS BETTER!**

In a recent JAMA Cardiology study, adding non-statins, such as PCSK9 inhibitors and ezetimibe, to the regimen to push LDLs below 70 gave even more protection against heart attack and stroke.
Fighting high cholesterol is a family affair for Jason, Michelle and their children—but they’re not about to let it slow them down.

—BY HARRIS FLEMING

“We’re not letting high cholesterol run our lives!”

Michelle Watts was 18 the first time her annual physical included a cholesterol test—and it proved to be a doozy, with her total number hovering around 400. She didn’t really grasp that the elevated figure raised her risk for heart disease until she saw her doctor’s reaction. “He was freaking out about it—I’ve never seen anyone your age whose cholesterol was this high before!” she recalls him saying. “He never gave it a name; he just said I had high cholesterol, and told me to watch my diet and exercise more. The connection was never made that it was a genetic thing.”

Years later, she married a man who could totally relate—except Jason Watts was only 9 when he found out his cholesterol was through the roof! He doesn’t recall what his numbers were, but clearly remembers the doctor saying he couldn’t have cookies anymore!

Today, both he and Michelle, who have familial hypercholesterolemia (FH; meaning it’s inherited), take treatments to help lower their total and LDL cholesterol levels and raise their HDL levels. Now a stay-at-home mom, Michelle, 43, says her numbers are in line, but Jason, a 45-year-old government contract manager, says his are still higher than they should be. His doctor recently added a second medication, and Jason is waiting for tests to show how much it’s helping.

“We made sure to have our kids’ cholesterol checked”

“Because Jason and I have high cholesterol, I asked doctors to do lipid panels for the kids,” notes Michelle. It was a smart move: While youngest son Owen, 9, has no cholesterol concerns, Ian (now 14) had a total cholesterol of 300 at age 10. It’s lower since he started taking a statin. The news was worse for daughter Avery, 10. “Her cholesterol came back in the 800s. And she was 6 at the time,” Michelle recalls. Further tests showed that Avery had homozygous familial hypercholesterolemia (HoFH), which is more severe than the “typical” form of FH affecting her parents and brother. Avery has to undergo
a treatment in which LDL cholesterol is removed from the blood mechanically every week or two.

The Watts family’s experience moved them to become advocates with the FH Foundation to raise awareness of the disease. They’re also working on starting their own foundation in Avery’s name to raise money for education and research for HoFH.

“Quality of life matters— for everyone!”

Dedicated as Michelle and Jason are to keeping everyone’s cholesterol numbers down, they refuse to let those numbers run their lives. “We’re not compulsive about it, because you have to look at your quality of life. Special occasions come up, and we celebrate them. And then we get back on track,” explains Michelle. “We just try and live our best life and educate people as much as we can.” That “best life” is centered around their children’s travel soccer, Boy Scouts and school band practices (Ian); a competitive dance team (Avery); and taekwondo, Cub Scouts and lacrosse (Owen) around their Hagerstown, MD, home.

Wanting to help others who may be just starting to understand what FH is all about inspires the family to be public in their fight. “It helps put a face and a reality to what we’re working toward,” explains Jason. “We all have that common bond.” For Michelle, it seems only natural to try to reach as many people as possible. “It’s just very important, and has never been a thought,” she says. “It’s just what we did.”

Dig into your own history.

“Do some research. Try to figure out if your parents have high cholesterol, if there’s heart disease in the family,” suggests Jason. “This can help you figure out whether you have a genetic issue or a lifestyle issue. I’ve gone vegetarian for six months at a time and my cholesterol didn’t change at all, so I knew mine was not a lifestyle thing.” If your high cholesterol does appear to be a “family thing,” make sure every family member has their cholesterol checked.

The best time to start is now.

“My husband and I did not take our cholesterol as seriously as we should have until Avery was diagnosed,” admits Michelle. At that point, wanting to set a good example for their children (not to mention live a long and healthy life), both parents got serious about taking the statin drugs their doctors had prescribed every day. Before that, the pace of life and feeling “just fine” made it easy to “forget” on occasion. “We both take our medication religiously now,” she assures.

Find ways to fit in exercise.

Jason has loved working out since he was a teenager. It’s a little harder to get to the gym regularly these days, however. “As a father of three busy kids, it’s hard to find time to do things to stay fit,” he confesses. So, when he discovered there was a martial arts center near Avery’s dance studio, he decided to check it out. “I found I could fit it into times when she was doing her dance classes. That’s when I go over and do some martial arts,” Jason explains.

Strike a balance.

Eating heart-healthy is important for people who have FH, even though it’s genetics and not diet to blame for the disorder. “We try to stock the house with healthy foods,” notes Michelle. On the other hand, Jason says, “Having a cupcake on top of that is not going to kill anybody.” The key, say Jason and Michelle, is to work closely with your healthcare provider, take medication as prescribed, stay physically active and enjoy your life. Now that’s a balancing act you can live with!
may be to blame. This genetic condition causes high LDL cholesterol from birth and therefore increases cardiovascular risk. More common than you may think, it is present in about 1 in 250 U.S. adults. There is a 50/50 chance of a parent passing it to their child. Because it is strongly genetic, medications—often multiple medications—are needed in addition to diet and exercise. Fortunately, we have newer treatments that are approved specifically for FH.

**CAN I TAKE A BREAK FROM MEDS?**

**Q** I'm on medication to lower my cholesterol, blood pressure and blood sugar. I hate having to take so much medicine. My LDL is down to 85. Can I stop my cholesterol med as long as I continue to eat right and exercise?

**A** That depends on your risk factors. First, answer these questions: Have you had a prior cardiac event, such as stroke or a heart attack? Are you at relatively high risk (≥15%) of a cardiac event over the next decade? If you can answer yes to either question, then the benefits of staying on your medication are clear: Treatment can lower your risk of a future heart attack or stroke by about 40% over the next 10 years. We now have compelling data that an optimal LDL cholesterol level for a higher-risk individual is 40–70 mg/dL (go to CVRiskcalculator.com to estimate your risk).

On the other hand, if an adult has never had a prior cardiovascular event and has an LDL of 70–160 mg/dL, without taking cholesterol-lowering medication, they can talk to their doctor about whether a coronary artery calcium scan would help with treatment decisions. A scan showing no coronary artery calcium in a person 45 years or older is associated with a very low risk of a cardiac event over the next decade.

**OUR EXPERT:** Seth Martin, MD, Director, Advanced Lipid Disorders Center, The Johns Hopkins Hospital

### INSIGHT ON TREATING HIGH CHOLESTEROL

**DRINKING AND CHOLESTEROL**

**Q** I’m a foodie and often meet friends for happy hour and dinner. I usually have two or three drinks when I’m out. Could this affect my cholesterol levels?

**A** Drinking moderate amounts of alcohol is not necessarily off the table—but moderate drinking in women is considered one alcoholic drink per day, and in men it’s no more than two drinks a day. Drinking more than the recommended amount could worsen your cholesterol profile, especially levels of blood fats called triglycerides. Be honest with all your healthcare providers about your habits and ask how much alcohol is safe for you to drink.

**WHY IS MY LDL NUMBER STILL HIGH?**

**Q** I was diagnosed with very high cholesterol two years ago. Since then, I’ve been taking a statin, eating a low-fat diet and exercising. But my numbers are still high! What can I do?

**A** If your LDL cholesterol is 190 mg/dL or more, an inherited condition called familial hypercholesterolemia (FH) was likely to blame. This genetic condition causes high LDL cholesterol from birth and therefore increases cardiovascular risk. More common than you may think, it is present in about 1 in 250 U.S. adults. There is a 50/50 chance of a parent passing it to their child. Because it is strongly genetic, medications—often multiple medications—are needed in addition to diet and exercise. Fortunately, we have newer treatments that are approved specifically for FH.

**WHAT IS REPATHA®?**

Repatha® is an injectable prescription medicine used:

• In adults with cardiovascular disease to reduce the risk of heart attack, stroke, and certain types of heart surgery.

• Along with diet alone or together with other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia who need additional lowering of LDL bad cholesterol.

**Important Safety Information**

Do not use Repatha® if you are allergic to evolocumab or to any of the ingredients in Repatha®.

Before you start using Repatha®, tell your healthcare provider about all your medical conditions, including if you are allergic to rubber or latex, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed.

Tell your healthcare provider or pharmacist about any prescription and over-the-counter medicines, vitamins, or herbal supplements you take.

With Repatha®, you can lower your LDL bad cholesterol and reduce your risk of a heart attack or stroke for real.

• Add Repatha® to your statin to dramatically drop your LDL bad cholesterol by 63%

• Repatha® plus a statin reduces your risk of having a devastating heart attack by 27% or stroke by 21%

• Choose every two weeks or once a month self-injection

• Repatha® is different than a statin

**What are the possible side effects of Repatha®?**

• Repatha® can cause serious side effects including, serious allergic reactions.

• Stop taking Repatha® and call your healthcare provider or seek emergency help right away if you have any of these symptoms: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, throat or arms.

• The most common side effects of Repatha® include—runny nose, sore throat, symptoms of the common cold, flu or flu-like symptoms, back pain, high blood sugar levels (diabetes) and redness, pain, or bruising at the injection site.

• Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

• These are not all the possible side effects of Repatha®. Ask your healthcare provider or pharmacist for more information. Call your healthcare provider for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary of Patient Information on the next page.
BRIEF SUMMARY OF PATIENT INFORMATION

REPATHA® (evolocumab) Injection, for Subcutaneous Injection

What is REPATHA®?
REPATHA® is an injectable prescription medicine used:
• in adults with cardiovascular disease to reduce the risk of heart attack, stroke, and certain types of heart surgery.
• along with diet alone or together with other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia).
• in adults with cardiovascular disease to reduce the risk of heart attack, stroke, and certain types of heart surgery.
• along with diet and other LDL-lowering medicines in people with a type of high cholesterol called homozygous familial hypercholesterolemia (HoFH), who need additional lowering of LDL cholesterol.

What is REPATHA® used for?
REPATHA® is given under the skin (subcutaneously), every 2 weeks or every 4 weeks.

How should I use REPATHA®?
You should use REPATHA® exactly as your healthcare provider tells you to use it. Your healthcare provider will prescribe the type and dose that is best for you.

Who should not use REPATHA®?
Do not use REPATHA® if you are allergic to evolocumab or to any of the ingredients in REPATHA®. See the end of this leaflet for a complete list of ingredients in REPATHA®.

What should I tell my healthcare provider before using REPATHA®?
Before you start using REPATHA®, tell your healthcare provider about all your medical conditions, including if you:
• are allergic to rubber or latex.
• are pregnant or plan to become pregnant.
• are breastfeeding or plan to breastfeed.
• have kidney or liver problems.

What are the possible side effects of REPATHA®?
REPATHA® can cause serious side effects including:
• Serious allergic reactions. Some people taking REPATHA® have had serious allergic reactions. Stop taking REPATHA® and call your healthcare provider or seek emergency medical help right away if you have any of these symptoms: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, throat, or arms.

What are the ingredients in REPATHA®?
• Active ingredient: evolocumab.

What is the risk of using REPATHA®?
• Most people experienced their greatest drop in LDL with REPATHA® in as little as four weeks, and this was maintained with treatment.

How to Report Suspected Adverse Events
If you think you are having a serious side effect, or if you think your condition is getting worse, call your healthcare provider or pharmacist right away.

Other information about REPATHA®
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Other information about REPATHA®
• REPATHA® is an injectable prescription medicine used:
Along with taking medication, eating right is a key part of your treatment plan. Here, a few registered dietitians share the tweaks that can help you bring down “bad” LDL cholesterol. —BY AMY CAPETTA

1 Avocado
“Avocado is my top pick for a cholesterol-fighting food to add to your diet,” says NJ-based Erin Palinski-Wade, RD, CDE, founder of Vernon Nutrition Center. “Research found that when compared to a low-fat or moderate-fat diet without avocado, eating a moderate-fat diet including avocado every day lowered total and LDL cholesterol while improving beneficial HDL levels.” An analysis of 10 studies found that the fiber and healthy fats in this plant-based food may lower LDL by 16 points and total cholesterol by 18 points. Besides guacamole, avocado can be added to many dishes. “Use it as a 1:1 ratio fat substitution in baked goods, blend it into a smoothie, or mash it into egg or tuna salad as a mayonnaise replacement,” suggests Palinski-Wade.

2 Olive oil
This healthy oil is rich in monounsaturated fats, which help lower “bad” LDL while raising “good” HDL, says Jessica Cording, MS, RD, CDN, of New York City. In fact, a study in Circulation found that a Mediterranean diet enriched with olive oil appears to boost HDL’s ability to counteract the oxidation of LDL, the culprit behind plaque development in the arteries. “I love using flavorful extra-virgin olive oil in salad dressings, sauces and soups, for roasting and sautéing vegetables, or as a dip with crusty whole grain bread,” says Cording. “Just be mindful not to go above the smoke point,” which is 350-410 degrees for extra virgin olive oil and 390-470 degrees for other types (higher temps can make olive oil unstable, causing it to lose healthy antioxidants).

3 Oats
“Oats were the first whole grain recognized by the FDA to help reduce cholesterol,” says Katherine Brooking, MS, RD, co-founder of nutrition firm Appetite for Health. The reason: The soluble fiber found in oats called beta-glucan binds to cholesterol in your digestive tract. “More specifically, soluble fiber helps trigger the liver to pull the bad cholesterol from the bloodstream for excretion, while the beta-glucan helps trap cholesterol in the gut, preventing it from entering the bloodstream.” Studies have shown that oats reduce LDL cholesterol and total cholesterol as well as apolipoprotein B, which carries bad cholesterol through the bloodstream. “I also recommend oats because they are affordable and versatile,” notes Brooking. “You can have them for your morning meal or incorporate them into a better-for-you, high-fiber treat, like oatmeal raisin cookies.”

4 Berries
“In addition to all the healthy antioxidants that berries contain, they can also help lower your LDL cholesterol,” says Amy Gorin, MS, RDN, owner of Amy Gorin Nutrition in New York City. The proof: A review study of 22 clinical trials found that adults—including those diagnosed with cardiovascular disease—who regularly consumed berries such as cranberries, blueberries, raspberries, elderberries and blueberries, had lower LDL cholesterol levels compared with those who rarely ate these fruits. Gorin’s tip: “Try adding fresh strawberries or raspberries to a Greek yogurt parfait or a bowl of oatmeal, or blend frozen wild blueberries into a smoothie or fruit-based ‘nice’ cream,” which is a vegan ice cream usually made with bananas.

5 Legumes
“Eating legumes, such as chickpeas, kidney beans and lentils, on a regular basis is associated with lower blood LDL levels because the soluble fiber in beans interferes with LDL’s attempts to get into the bloodstream,” explains Elizabeth Ward, MS, RD, author of MyPlate for Moms, How to Feed Yourself & Your Family Better. In fact, a review of 26 studies concluded that one serving of legumes (3/4 cup) a day can slash bad cholesterol by an average of 5%—which results in a 5% to 6% reduced risk of cardiovascular disease. “This is easy to do—simply add legumes to soups, hummus and other bean-based dips,” says Ward. Other options include tossing these fiber-rich, plant-based sources of protein into chilis, salads, quinoa, veggie burgers and tacos.
Kick-start weight loss
Just a few tweaks to your environment can help you cut calories and make healthier choices—effortlessly. Try these tips from Brian Wansink, PhD, director of Cornell's Food and Brand Lab.

- **Rearrange your food** in your cupboards and fridge so the items you see first are the healthiest options.
- **Clear your counters.** We eat what we see, so keep everything out of sight except for a fruit bowl.
- **Use small dishes and tall glasses.** Use 10” dinner plates and tall glasses to reduce portions automatically.
- **Serve food restaurant style.** Portion food onto plates from the stove, rather than placing serving bowls on the table.
- **Avoid temptation by wrapping your leftover goodies in aluminum foil rather than clear plastic so it’s less appealing.** Have leftover veggies like broccoli? Cover it with plastic wrap instead!

Practice portion control
Most Americans eat two to three times the amount recommended by U.S. dietary guidelines. Yet moderating portions can help take off extra pounds. If you don’t want to weigh or measure, just use your hands:

- **Clenched fist** = 1 cup fruits or veggies
- **The front of your clenched fist** = 1/2 cup cooked pasta
- **Fingertip** = 1 tsp. fat like olive or avocado oil
- **Handful** = 1 oz., or a serving of nuts, crackers or popcorn
- **Whole thumb** = 1 oz. peanut butter or low-fat cheese
- **Palm** = 3 oz., or a serving of chicken or fish

Keep it off
The National Weight Control Registry studies folks who have lost at least 30 pounds and kept it off for at least one year. Turns out, those who prevent pounds from creeping back on tend to:

- **Eat breakfast.** A whopping 96% of people in the registry wake up to a morning meal, with cereal and fruit being typical choices.
- **Weigh in regularly.** Three quarters weigh in once a week. The check-in helps you detect and reverse small gains.
- **Be consistent.** Most people who manage to keep the weight off eat at the same times each day—including weekends!
- **Cut down on TV time.** Successful maintainers watch fewer than 10 hours of TV a week—significantly less than the average 28 hours. That frees up 18 hours for doing something other than lying on the couch.
- **Walk a lot!** About three quarters of people in the registry say that brisk walking is their activity of choice, and they aim for about an hour a day. Swimming and cycling are also favored activities.
Live the best life you can!

Alina and Mackenzie grew up with high cholesterol. Thanks to a lifetime of lessons, they’re healthy, active—and happy to share a few insights into how they do it. —BY HARRIS FLEMING

“Don’t beat yourself up—stay positive!”

Mackenzie Ames comes from a long line of people with heart ailments. “My grandfather had a heart attack and died at 30. He was from a family of nine, and five of them passed away before age 33 of heart attack,” she explains. Neighbors and extended family called it “the Hill family curse” (after that side of the family’s last name). What they didn’t know: The “curse” was FH. The first time Mackenzie’s cholesterol was checked, at age 9, it was a little over 400. At 31, it’s closer to 200 and she has learned there are things she can do to lower her risk for complications. Her strategies:

- **Don’t blame yourself!** Mackenzie was 22 when a doctor fully explained what FH was all about. She’d always blamed herself, assuming that if she’d tried harder to eat right and exercise more, her cholesterol levels would be healthy. “He looked at my chart and said, ‘You have familial hypercholesterolemia.’ He explained it wasn’t anything I was doing wrong—it was a genetic cholesterol disorder. It was very reassuring.”

- **Choose positive thinking.** When she was first diagnosed, Alina understood that while she couldn’t help having FH, how she approached living with it was her choice: “You need to tell yourself, Do the best you can, and live the best life you can live.”

- **Keep your sense of humor.** “I tell doctors my family history [with FH] and some of them just chuckle and say, ‘Wow, it doesn’t just run through your family, it stampeded!’” Mackenzie jokes. The moral of the story: Respect FH for the serious condition it is, but don’t let it rob you of your ability to see the humor in life.

- **Embrace life.** Like Alina, Mackenzie found comfort in the FH Foundation, especially meeting other people living with the condition. “With all the successes I’ve seen, all the support and positivity, I can’t just live waiting to die. I can’t get into that mindset,” she explains. She has helped other family members understand more about FH, too; they’ve even coined the term #FHAMILY.

- **Inspire yourself.** Mackenzie’s cholesterol levels are half what they used to be, thanks to taking a high-dose statin along with another type of cholesterol-lowering drug. She also exercises regularly, lifting weights or doing spin classes, Zumba, kickboxing, yoga and long walks with her dog, Maggie. “I’m open to whatever gets my heart pumping!” says Mackenzie. While she writes marketing materials and video scripts for companies near her home in Raleigh, NC, her passion is a blog called Just a Little Context, where she tries to make sense of hot news topics for her readers. She takes the same approach with FH: “I never give medical advice, but I do tell people you need to talk to your doctor about it!”

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“If your doctor prescribes medication, take it!” Alina accepted early on that she would need to take medication in order to keep her cholesterol in check. She takes three currently, and they’re working! “My total cholesterol is 185 and my LDL is 130—the best they’ve ever been in my life.”

- **Blaze your own trail.** “Some doctors were saying you have to cut everything out of your diet—all the meat, all the carbohydrates. Others said, ‘Well, you can do all that, but it won’t help much,’ ” she recalls. Her advice? Try what they recommend, then keep whatever works. “You don’t have to totally restrict your life, but you’re not powerless either. Just try things and then keep doing whatever helps the medication help you.”

- **Learn to accept help.** “I’m not used to asking for help,” Alina confesses. While recovering from surgery to have stents put in after her heart attack, however, she needed it—and got it from husband Aaron Kuehn. “He took time off from work just to be with me. He’s been my rock,” she says. Another source of support is the FH Foundation, which Alina credits with helping her learn about the disease. She’s so appreciative that she decided to get trained as an advocate. The experience has helped her realize a very important fact: People care. “You’re not going to go through this alone!”

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“You’re not alone!”

When Alina Wilson was 8, her pediatrician worried because she complained of pain in her side when she exerted herself. The doctor ordered a battery of tests—one of which revealed that Alina’s total cholesterol was nearly 700. The culprit was a genetic condition called familial hypercholesterolemia (FH). Now 43 and a technical writer in Raleigh, NC, Alina has tried several cholesterol medications and lifestyle changes and survived a heart attack at 40, emerging with the lowest cholesterol of her life and some lessons to share with others:

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4 weeks to a fitter you!

Exercising can help lower total cholesterol and raise “good” HDL. However, there are other benefits, too. People who get regular physical activity say they feel more energetic, think more clearly and sleep better. Our 4-week plan will not only get you started, but also help you stick with it. Use the tool on the opposite page to track your progress!

Week 1
- Make a list of activities that appeal to you. Things like walking, working out to streaming exercise programs, biking, using gear you already own (a bicycle, treadmill, yoga mat), hitting the gym or community exercise classes. Now pick two!
- Find a workout buddy—then make a date! Not only is exercising with someone else more fun, but being accountable to your partner makes it harder to back out.
- Write down your intentions right here: Studies show simply writing down your plan raises the odds that you’ll follow through.

Week 2
- Identify the obstacles that discourage you from being active, and come up with ways around them. For example: Keep walking shoes in your car or at work so you’re always prepared, or put weights or an exercise mat near the TV to remind you to do a set of arm curls or sit-ups during commercials.
- Spend at least five minutes of every waking hour on your feet.
- Make a list of non-food rewards for sticking with the program—a book for your e-reader, new headphones, a “movie night,” new gym shoes, a plant or fresh flowers.
- Take at least four 10-minute walks.

Week 3
- Spend 30 minutes on a vigorous chore—gardening, scrubbing the tub, cleaning out a few closets, using a push mower. Put on your favorite playlist, and tackle the job song by song.
- Download a fitness app to help you stay engaged and on track. A Stanford study shows that apps that have a built-in community and feature a little friendly competition are more effective. To try: BodySpace, Fitocracy and PumpUp.
- Do your stretching routine at least three mornings this week.
- Take at least four 10-minute walks.

Week 4
- Find a mantra. Here are some ideas: “Strive for progress, not perfection,” “Clear your mind of can’t,” and “Every journey begins with a single step.” Write it on sticky notes and post them where you can’t miss them: the bathroom mirror, the fridge, your closet door.
- Commit to a new activity, whether yoga classes, joining a softball league, hitting balls at the golf range or just keeping the soccer ball going with the kids.
- Do your stretching routine at least three mornings this week.
- Take at least four 30-minute walks. Break it up into chunks if you like.

Keep the momentum going!

One way to make sure you stick to your exercise commitment is to track your progress. Make copies of this tool and fill out each week.

Week beginning (date): I exercised ___ days for ___ total minutes/hours this week.

Exercise: # of days this week: # of minutes:
- walk
- class
- weights
- yoga
- other (list):

1. I feel winded (short of breath):
- throughout the day, during normal activities
- a lot when I’m exercising
- a bit while I’m exercising

2. My favorite pair of pants:
- is really tight
- is a little tight
- is loose!

3. My endurance (ability to keep pace during prolonged activity) is:
- pretty poor
- getting better
- not great, but not horrible
- pretty good!

4. After exercising, I:
- feel terrible
- feel tired and winded, but I recover after a bit
- feel like I’ve had a good workout

5. My mood these days is:
- pretty down
- improving
- so-so—I’ve felt better
- pretty good!
You’ll love these heart-smart swaps!

Yes, you can still enjoy your favorite meals—despite high cholesterol! The key is swapping foods that promote plaque buildup for cholesterol-busting alternatives. Toby Amidor, MS, RD, CDN, nutrition expert and best-selling cookbook author of Smart Meal Prep for Beginners, offers her top five go-tos for improving your cardiovascular health.

### INSTEAD OF

<table>
<thead>
<tr>
<th>BUTTERED TOAST</th>
<th>ALL-BEEF HAMBURGERS</th>
<th>SAUTÉING VEGGIES IN BUTTER</th>
<th>“TRADITIONAL” BACON</th>
<th>A CROISSANT</th>
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<tr>
<td><strong>TRY</strong></td>
<td>AVOCADO TOAST</td>
<td>HAMBURGERS WITH 50% BEEF, 50% COOKED LENTILS</td>
<td>SAUTÉING VEGGIES IN OLIVE OIL OR CANOLA OIL</td>
<td>CANADIAN BACON</td>
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### BENEFITS

**“This simple food swap lowers artery-clogging saturated fat while increasing heart-healthy unsaturated fat and fiber intake,” says Amidor.** One study published in the Journal of the American Heart Association found that overweight and obese subjects who consumed an avocado a day while following a moderate-fat diet reduced their “bad” LDL cholesterol by an average of 13.5 mg/dL after only five weeks.

Not only does a 50% lentil patty boast half the saturated fat of a regular burger, it’s also rich in cholesterol-lowering fiber and potassium, a mineral that may help prevent hardening of the arteries, says Amidor. Plus, a study in the International Journal of Molecular Sciences found that eating lentils may lower total and LDL cholesterol and triglycerides, decreasing the risk of heart disease and coronary artery disease.

Both these flavorful oils contain monounsaturated fatty acids (MUFAs), which have been found to improve blood cholesterol levels. In fact, a review of 40 studies uncovered a link between canola-based diets and a reduction in LDL oxidation (a chemical reaction that damages LDL cholesterol, making it an even bigger threat to your cardiovascular health).

“Two ounces of ‘typical’ pork bacon contains 8 grams of saturated fat, yet the same amount of Canadian bacon contains only 2 grams—that’s a 75% reduction!” says Amidor. Also referred to as English, Irish, or back or peameal bacon, this type of meat is made from pork loin and also usually contains less sodium (up to 400 milligrams) and fewer calories (about 100 per 1-oz. serving compared with regular bacon).

The flaky crescent-shaped bakery treat is loaded with about 7 grams of saturated fat (thanks to the butter) and 230 calories. The whole-grain muffin? About half the calories and zero saturated fat! “Furthermore, choosing the English muffin will increase your fiber intake,” points out Amidor. 🍪
Recipe courtesy of Jackie Newgent, RDN.

**Treat your taste buds and your heart!**

This delicious snack not only offers 9 grams of cholesterol-lowering fiber (thanks to the chickpeas in the hummus) and a dose of heart-healthy monounsaturated fat (courtesy of extra-virgin olive oil), but it’s also super easy to make. “What I especially love about this recipe is that you can have the salsa and hummus ready to go in the fridge and then simply grill up bread as you like,” says Jackie Newgent, RDN, culinary nutritionist and author of several cookbooks. “Enjoy as a no-brainer pick for a Meatless Monday entrée or a quick fix whenever!”

**GRILLED HUMMUS TOAST WITH MIDDLE EASTERN SALSA**

*Yield: 6 servings  
Serving size: 1 toast*

- 1 ½ cups finely diced Persian or English cucumbers (about 2 small Persian cucumbers)
- 1 medium vine-ripened tomato, cut into thin wedges
- 2 scallions, green and white parts, thinly sliced
- 3 cloves garlic, minced
- 1 tablespoon plus 2 teaspoons extra-virgin olive oil
- ½ teaspoon salt
- 1/4 teaspoon black pepper
- 1/4 teaspoon ground cumin
- 1/4 teaspoon ground coriander
- 1/4 teaspoon red pepper flakes
- 1/4 teaspoon paprika
- 1/4 teaspoon ground cumin

**Nutrition facts (per serving) Calories 280, total fat 12 g (2 g saturated fat, trans fat 0 g), cholesterol 0 mg, sodium 560 mg, total carbohydrate 31 g, fiber 9 g, sugar 4 g (added sugars 0 g), protein 12 g**

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**BRIEF SUMMARY OF PATIENT INFORMATION**

**REPATHA® (ali-PAth-a) (evolocumab)**

**Injection, for Subcutaneous Injection**

**What is REPATHA?**

REPATHA is an injectable prescription medicine used:
- In adults with cardiovascular disease to reduce the risk of heart attack, stroke, and certain types of heart surgery.
- Along with diet alone or together with other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia) to reduce low density lipoprotein (LDL) or bad cholesterol.
- Along with diet and other LDL-lowering medicine in people with a type of high cholesterol called homozygous familial hypercholesterolemia (HoFH), who need additional lowering of LDL cholesterol.
- It is not known if REPATHA is safe and effective in children who are younger than 13 years of age or in children who do not have HoFH.

**Who should not use REPATHA?**

**Do not** use REPATHA if you are allergic to evolocumab or to any of the ingredients in REPATHA. See the end of this leaflet for a complete list of ingredients in REPATHA.

**What should I tell my healthcare provider before using REPATHA?**

Before you start using REPATHA, tell your healthcare provider about all your medical conditions, including if you:
- Are allergic to rubber or latex.  
If the skin covers on the single-use prefilled syringes and within the needle caps on the single-use prefilled SureClick® autoinjectors contain natural rubber. The single-use Pushitron® system (in-body injector with prefilled cartridge) is not made with natural rubber latex.
- Are pregnant or plan to become pregnant. It is not known if REPATHA will harm your unborn baby. Tell your healthcare provider if you become pregnant while taking REPATHA.

**Pregnancy Registry.** There is a pregnancy registry for women who take REPATHA during pregnancy. The purpose of this registry is to collect information about your health and your baby’s health. You can talk to your healthcare provider or contact 1-877-311-8972 or go to https://motherstobaby.org/ongoing-study/repatha/ to enroll in this registry or get more information.

- Are breastfeeding or plan to breastfeed. You and your healthcare provider should consider if you will take REPATHA or breastfeed. Tell your healthcare provider or pharmacist about any prescription and over-the-counter medicines, vitamins, or herbal supplements you take.

**How should I use REPATHA?**

- See the detailed “Instructions for Use” that comes with this patient information about the right way to prepare and give REPATHA.
- Use REPATHA exactly as your healthcare provider tells you to use it.
- REPATHA is given under the skin (subcutaneously), every 2 weeks or 1 time each month.
- REPATHA comes as a single-use (1 time) prefilled autoinjector (SureClick® autoinjector, as a single-use prefilled syringe, or as a single-use Pushitron® system (in-body injector with prefilled cartridge).
- Your healthcare provider will prescribe the type and dose that is best for you.
- If your healthcare provider prescribes you the monthly dose, you may use:
  - a single-use syringe with prefilled cartridge to give the injection over 9 minutes, or
  - 3 separate injections in a row, using a different single-use prefilled syringe or single-use prefilled autoinjector for each injection. Give all of these injections within 30 minutes.
- If your healthcare provider decides that you or your caregiver can give REPATHA, you or your caregiver should receive training on the right way to prepare and inject REPATHA. Do not try to inject REPATHA until you have been shown the right way by your healthcare provider or nurse.
- Do not inject REPATHA together with other injectable medicines at the same injection site.  
- Always check the label of your single-use prefilled autoinjector, single-use prefilled syringe, or single-use on-body injector with prefilled cartridge to make sure you have the correct medicine and the correct dose of REPATHA before each injection.
- If you forget to use REPATHA or are not able to take the dose at the regular time, inject your missed dose as soon as you remember, as long as it is within 7 days of missed dose.
- If it is more than 7 days from the missed dose and you are using the every-2-week dose, inject the next dose based on your original schedule. This will put you back on your original schedule.
- If it is more than 7 days from the missed dose and you are using the 1 time each month dose, inject the dose and start a new schedule using this date.
- If you are not sure when to take REPATHA after a missed dose, ask your healthcare provider or pharmacist.
- If your healthcare provider has prescribed REPATHA along with other cholesterol-lowering medicines, follow instructions from your healthcare provider. Read the patient information for those medicines.
- If you use more REPATHA than you should, talk to your healthcare provider or pharmacist.
- Do not stop using REPATHA without talking with your healthcare provider. If you stop using REPATHA, your cholesterol levels can increase.

**What are possible side effects of REPATHA?**

- Serious allergic reactions. Some people taking REPATHA have had serious allergic reactions. Stop taking REPATHA and call your healthcare provider right away if you experience any of these symptoms: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, or throat, or hives. The most common side effects of REPATHA include: runny nose, sore throat, symptoms of the common cold, flu or flu-like symptoms, back pain, high blood sugar levels (diabetes) and redness, pain, or bruising at the injection site.
- Tell your healthcare provider if you have any side effect that bothers you or that does not go away.
- These are not all the possible side effects of REPATHA. Ask your healthcare provider or pharmacist for more information.
- Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**General information about the safe and effective use of REPATHA.**

Medicines are sometimes prescribed for purposes other than those listed in this Patient Information leaflet. Do not use REPATHA for a condition for which it was not prescribed. Do not give REPATHA to other people, even if they have the same symptoms that you have. It may harm them. This Patient Information leaflet summarizes the most important information about REPATHA. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about REPATHA that is written for healthcare professionals. For more information about REPATHA, go to www.REPATHA.com or call 1-844-REPATHA (1-844-737-8422).

**What are the ingredients in REPATHA?**

- Active ingredient: evolocumab
- Inactive ingredients: proline, glycerol, acetic acid, polysorbate 80, water for injection, and sodium hydroxide.

Manufactured by: Amgen Inc. One Amgen Center Drive, Thousand Oaks, California 91320-1799.

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Pay no more than $5 per month for Repatha®.

What are the possible side effects of Repatha®?

• Repatha® can cause serious side effects including, serious allergic reactions. Stop taking Repatha® and call your healthcare provider or seek emergency help right away if you have any of these symptoms: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, throat or arms.

• The most common side effects of Repatha® include: runny nose, sore throat, symptoms of the common cold, flu or flu-like symptoms, back pain, high blood sugar levels (diabetes) and redness, pain, or bruising at the injection site.

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