EVENITY®
(romosozumab-aqqg)
injection 105 mg/1.17 mL

Insurance Verification Form

Fax with copies of insurance card(s), front and back, to Amgen® SupportPlus: 1-877-877-6542

Patient Information ☐ New Patient to EVENITY® ☐ Existing Patient

*Patient Name: _____

☐ Attach patient demographic sheet **OR** Complete information below.

*Street Address: _____

*City: _____ *State: _____ *ZIP: _____

*Phone: _____

M ☐ F ☐ *Date of Birth: _____

Fulfillment Method (Select only ONE)

☐ Medical Benefit (Physician Purchase) ☐ Out of Network Benefits

☐ Referral to treating site:

*Enter Site ID: _____ **OR** Complete information below.

*Site Name: _____

*Street Address: _____

*City: _____ *State: _____ *ZIP: _____

*Phone: _____ *Fax: _____

Office Contact: _____

*Site Type: ☐ MD Office ☐ Hospital Outpatient

Primary Insurance Information

☐ Attach a copy of insurance card, front AND back **OR** provide:

*Insurance Name: _____

*Insurance Phone: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Subscriber Relationship to Patient: _____

Group #: _____

*Policy #: _____

Medicare Beneficiary Identifier: _____

Secondary Insurance Information (If Applicable)

☐ Attach a copy of insurance card, front AND back **OR** provide:

*Insurance Name: _____

*Is this a Medigap policy? ☐ Yes ☐ No ☐ Not Known

If yes, please indicate plan letter: _____

*Insurance Phone: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Subscriber Relationship to Patient: _____

Group #: _____

*Policy #: _____

Prescription Information

EVENITY® 210 mg SC every month for 12 doses

Prescriber Signature: (required for legal prescription triage)

_____ Date: _____

Physician Information

*Physician Name : _____

*NPI #: _____ Tax ID#: _____

Specialty: _____

*Enter Site ID: _____ **OR** Complete information below.

*Site NPI #: _____ Site Tax ID#: _____

*Site Name: _____

*Street Address: _____

*City: _____ *State: _____ *ZIP: _____

*Phone: _____ Fax: _____

Office Contact: _____

*Site Type: ☐ MD Office ☐ Hospital Outpatient

Patient Medical Information†

☐ M80.0 ____ (Age-related osteoporosis with current pathological fracture...) Please provide complete code

☐ M81.0 (Age-related osteoporosis without current pathological fracture)

☐ Other (specify ICD Code)

Please provide secondary ICD Code, if applicable: _____

Please NOTE: Clinical notes and additional documentation are **NOT required** for us to process a patient benefit verification. Review of clinical documentation sent to Amgen SupportPlus could delay our response time back to your office. Please **DO NOT** provide anything beyond the information requested on this benefit verification form.

†The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement and include potential codes that would include the FDA approved indication for EVENITY®. Other codes may be more appropriate given internal system guidelines, payer requirements, practice patterns, and the services rendered.

Continued Therapy

The anabolic effect of EVENITY® wanes after 12 monthly doses of therapy. Consider whether continued therapy with an anti-resorptive is warranted after the end of the EVENITY® treatment.

Would you like to be notified when your patient nears the end of their EVENITY® treatment for a reminder regarding a follow-up anti-resorptive treatment such as Prolia® (denosumab)? ☐ Yes ☐ No

OPTIONAL: Affordability Screening

To see if the patient is eligible for additional affordability options, please complete the questions below

Residency:

Patient has lived in the U.S. or its territories (American Samoa, Guam, Puerto Rico, or U.S. Virgin Islands): ☐ Greater than 6 months ☐ Less than 6 months

Patient household income: $ _____ ☐ Monthly ☐ Annually

(Gross income includes all individuals in the household. This includes wages, Social Security, Social Security disability, unemployment, pensions, and any other income. They may be asked to provide proof of income.)

How many people live in the patient's household (including the patient)?:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____

Household size includes all individuals reported on the patient's U.S. Tax Return. If the patient did not file a tax return please include all individuals that live with them.

*Asterisk fields are required for processing.

If you have any questions, please contact Amgen SupportPlus at 1-866-264-2778.

Please see EVENITY® Indication and Important Safety Information on page 2.

By completing and faxing this form, you represent that your patient is aware of the disclosure of their personal health information to Amgen and its agents for Amgen's patient support services, including reimbursement and verification services and the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.

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Indication

EVENITY® is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

The anabolic effect of EVENITY® wanes after 12 monthly doses of therapy. Therefore, the duration of EVENITY® use should be limited to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an antiresorptive agent should be considered.

Important Safety Information

POTENTIAL RISK OF MYOCARDIAL INFARCTION, STROKE, AND CARDIOVASCULAR DEATH

EVENITY® may increase the risk of myocardial infarction, stroke and cardiovascular death. EVENITY® should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Consider whether the benefits outweigh the risks in patients with other cardiovascular risk factors. Monitor for signs and symptoms of myocardial infarction and stroke and instruct patients to seek prompt medical attention if symptoms occur. If a patient experiences a myocardial infarction or stroke during therapy, EVENITY® should be discontinued.

In a randomized controlled trial in postmenopausal women, there was a higher rate of major adverse cardiac events (MACE), a composite endpoint of cardiovascular death, nonfatal myocardial infarction and nonfatal stroke, in patients treated with EVENITY® compared to those treated with alendronate.

Contraindications: EVENITY® is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with EVENITY®. EVENITY® is contraindicated in patients with a history of systemic hypersensitivity to romosozumab or to any component of the product formulation. Reactions have included angioedema, erythema multiforme, and urticaria.

Hypersensitivity: Hypersensitivity reactions, including angioedema, erythema multiforme, dermatitis, rash, and urticaria have occurred in EVENITY®-treated patients. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of EVENITY®.

Hypocalcemia: Hypocalcemia has occurred in patients receiving EVENITY®. Correct hypocalcemia prior to initiating EVENITY®. Monitor patients for signs and symptoms of hypocalcemia, particularly in patients with severe renal impairment or receiving dialysis. Adequately supplement patients with calcium and vitamin D while on EVENITY®.

Osteonecrosis of the Jaw (ONJ): ONJ, which can occur spontaneously, is generally associated with tooth extraction and/or local infection with delayed healing, and has been reported in patients receiving EVENITY®. A routine oral exam should be performed by the prescriber prior to initiation of EVENITY®. Concomitant administration of drugs associated with ONJ (chemotherapy, bisphosphonates, denosumab, angiogenesis inhibitors, and corticosteroids) may increase the risk of developing ONJ. Other risk factors for ONJ include cancer, radiotherapy, poor oral hygiene, pre-existing dental disease or infection, anemia, and coagulopathy.

For patients requiring invasive dental procedures, clinical judgment should guide the management plan of each patient. Patients who are suspected of having or who develop ONJ should receive care by a dentist or an oral surgeon. In these patients, dental surgery to treat ONJ may exacerbate the condition. Discontinuation of EVENITY® should be considered based on benefit-risk assessment.

Atypical Femoral Fractures: Atypical low-energy or low trauma fractures of the femoral shaft have been reported in patients receiving EVENITY®. Causality has not been established as these fractures also occur in osteoporotic patients who have not been treated.

During EVENITY® treatment, patients should be advised to report new or unusual thigh, hip, or groin pain. Any patient who presents with thigh or groin pain should be evaluated to rule out an incomplete femur fracture. Interruption of EVENITY® therapy should be considered based on benefit-risk assessment.

Adverse Reactions: The most common adverse reactions (≥ 5%) reported with EVENITY® were arthralgia and headache.

EVENITY® is a humanized monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

AMGEN®

Amgen Inc.
One Amgen Center Drive
Thousand Oaks, CA 91320-1799
www.amgen.com

Please scan the QR code or visit www.evenity.com/PI for EVENITY® full Prescribing Information, including Boxed Warning and Medication Guide.

USA-785-82200 07/23

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*Physician Name : _____

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Specialty: _____

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AMGEN®

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www.amgen.com

Please see EVENITY® full Prescribing Information, including Boxed Warning and Medication Guide.

USA-785-82200 07/23