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

Treatment Referral Form

❑ Dear Doctor/Medical Office:
I am referring my patient to you for administration of EVENITY® injection (210 mg subcutaneous in the upper arm, upper thigh, or abdomen once every month).

Treatment Site Information

Physician Name: _____ Specialty: _____ Site Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Office Contact: _____

Patient Information

Fill out entirely OR ❑ **attach Face/Demographic Information Sheet**

Patient Name: _____ Date of Birth: _____ Social Security Number: _____ M❑ F❑
Address: _____ City: _____ State: _____ ZIP Code: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Insurance Information

Fill out entirely OR ❑ **fax a copy of insurance cards front AND back.**

Primary Insurance: _____ Secondary Insurance: _____
Insured: _____ Insured: _____
Phone: _____ Phone: _____
Policy #: _____ Email: _____

Patient Medical Information*

❑ M81.0 (Age-related osteoporosis without current pathological fracture)
❑ M80.0 _____ (Age-related osteoporosis with current pathological fracture)
❑ Other (specify ICD-10 Code): _____
Please provide secondary ICD-10 Code, if applicable: _____

** A copy of this information can be given to the patient to bring to his/her appointment. The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement and include potential codes that would include FDA-approved indication for EVENITY®. Other codes may be more appropriate given internal system guidelines, payer requirements, practice patterns, and the services rendered.*

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.

Physician Information

Physician Name: _____ NPI #: _____ Specialty: _____ Site Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Office Contact: _____

Product Information

Product Name/Strength: EVENITY® 210 mg
Directions: 210 mg SC every month for 12 months
Prescriber Signature: X _____ Date: _____

ACTION:

FAX BACK INJECTION CONFIRMATION FROM TREATING SITE.
Please update the referring physician by faxing back this form.

EVENITY® Treatment Status at Our Facility:

Was the patient injected with EVENITY®? If yes, provide the date. **Yes/No** **Date:** _____
To date, patient has received _____ doses of EVENITY®
Has the patient's appointment been scheduled for their next EVENITY® dose? **Yes/No** **Date:** _____
If yes, provide the date.

Administering Healthcare Professional's Comments: _____

Please contact Amgen SupportPlus or www.MyAmgenPortal.com for insurance verification or any questions regarding coding/billing, claims submission, and other payer requirements.

Please see Indication and Important Safety Information on Page 2.

Indication and Important Safety Information

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.

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

AMGEN®

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