

**Patient Information**  New Patient to EVENITY<sup>®</sup>  Existing Patient

\*Patient Name: \_\_\_\_\_  
 Attach patient demographic sheet **OR** Complete information below.  
\*Street Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_  
\*Phone: \_\_\_\_\_  
M  F  \*Date of Birth: \_\_\_\_\_

**Injection Date**

Patient's Scheduled Injection Date: \_\_\_\_\_

**Fulfillment Method**

Medical Benefit  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 #: \_\_\_\_\_

\*Asterisk fields are required for processing.

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

Please see EVENITY<sup>®</sup> Indication and Important Safety Information on page 2.

By completing and faxing this form, you represent that your patient has requested and authorized the disclosure of their personal health information to Amgen and its agents for Amgen to provide the patient support services described in this paragraph. You represent that you have explained to the patient, and the patient indicated they understand and have consented to, the following: 1) Amgen and its agents will use the patient's name, date of birth, contact information, prescriptions, and other necessary health information listed in this form for reimbursement services related to this prescription, including to verify their insurance benefits, and to contact the patient directly for the administration of these patient support services; 2) Amgen will then disclose the patient's personal information to the insurer(s) listed on this form for the same purposes; 3) the patient can withdraw their consent by contacting Amgen at (866) 264-2778 or visiting [www.amgen.com/DataSubjectRights](http://www.amgen.com/DataSubjectRights), but if the patient does not agree to, or withdraws consent for, these uses or disclosures, the patient cannot receive these patient support services for this medication which necessarily requires Amgen to process the patient's personal information; 4) the patient can view more details about Amgen's privacy practice at [www.amgen.com/privacy](http://www.amgen.com/privacy).

Fax Completed Form and/or Copy of Insurance Card(s) to Amgen SupportPlus: 1-877-877-6542

**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<sup>†</sup>**

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 provide only the information requested on this form. Clinical notes or additional documentation are not required and may delay processing.**

<sup>†</sup>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<sup>®</sup>. 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<sup>®</sup> wanes after 12 monthly doses of therapy. Therefore, the duration of EVENITY<sup>®</sup> use should be limited to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered.

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

**OPTIONAL: Affordability Screening**

If your patient does not have coverage for EVENITY<sup>®</sup> and expresses an affordability concern, please complete the section 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.

## Indication

EVENTITY<sup>®</sup> 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 EVENTITY<sup>®</sup> wanes after 12 monthly doses of therapy. Therefore, the duration of EVENTITY<sup>®</sup> 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

**EVENTITY<sup>®</sup> may increase the risk of myocardial infarction, stroke and cardiovascular death. EVENTITY<sup>®</sup> 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, EVENTITY<sup>®</sup> 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 EVENTITY<sup>®</sup> compared to those treated with alendronate.

**Contraindications:** EVENTITY<sup>®</sup> is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with EVENTITY<sup>®</sup>. EVENTITY<sup>®</sup> 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 EVENTITY<sup>®</sup>-treated patients. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of EVENTITY<sup>®</sup>.

**Hypocalcemia:** Hypocalcemia has occurred in patients receiving EVENTITY<sup>®</sup>. Correct hypocalcemia prior to initiating EVENTITY<sup>®</sup>. 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 EVENTITY<sup>®</sup>.

**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 EVENTITY<sup>®</sup>. A routine oral exam should be performed by the prescriber prior to initiation of EVENTITY<sup>®</sup>. 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 EVENTITY<sup>®</sup> 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 EVENTITY<sup>®</sup>. Causality has not been established as these fractures also occur in osteoporotic patients who have not been treated.

During EVENTITY<sup>®</sup> 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 EVENTITY<sup>®</sup> therapy should be considered based on benefit-risk assessment.

**Adverse Reactions:** The most common adverse reactions ( $\geq 5\%$ ) reported with EVENTITY<sup>®</sup> were arthralgia and headache.

EVENTITY<sup>®</sup> 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.eventity.com/PI](http://www.eventity.com/PI) for  
EVENTITY<sup>®</sup> full Prescribing Information, including Boxed Warning and Medication Guide.

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