

EVENITY[®] FULFILLMENT RESOURCE GUIDE

A guide to help educate your office on navigating the steps of the access and reimbursement process for EVENITY[®]



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 FOR EVENITY[®]

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.

Please see additional EVENITY[®] Important Safety Information on page 31.

EVENITY[®] is a registered trademark of Amgen Inc. All other trademarks are properties of respective owners.
© 2022-2026 Amgen Inc. All rights reserved. | USA-785-83131 01/26

AMGEN



GUIDE OVERVIEW

This guide is intended to educate your office on navigating the process of access and reimbursement to help your patients get started on EVENITY®.

Connect with your Amgen Sales Representative and Field Reimbursement Manager for additional one-on-one assistance for EVENITY® fulfillment and Amgen SupportPlus services.

AMGEN® Support⁺

Call (866) 264-2778 Monday – Friday, 9:00 AM – 8:00 PM ET to connect with your representative.

TABLE OF CONTENTS

1

FULFILLMENT PATHWAYS

Determine the fulfillment pathway that's right for you and your patients*

- Physician Purchase (Buy and Bill)
- Referral to Alternate Site of Care
- White Bag via Specialty Pharmacy (SP)

2

PHYSICIAN PURCHASE (BUY AND BILL)

- Run the benefits
- Complete the prior authorization (PA), if applicable
- Schedule your patient's first appointment for EVENITY® administration
- Purchase EVENITY®
- Administer EVENITY®
- Schedule the patient's next injection
- Billing and Coding
- Obtain reimbursement

3

REFERRAL TO ALTERNATE SITE OF CARE

- Coordinate benefit investigation with site of care
- Locate optimal site of care
- Complete Site of Care Referral Form and send required documentation

4

OBTAIN EVENITY® FROM A SPECIALTY PHARMACY

- Run the benefits
- Complete the PA, if applicable, with the medical insurance company
- SP will ship medication to your office, if applicable
- Schedule your patient's first appointment for EVENITY® administration
- Administer EVENITY®
- Schedule the patient's next injection
- Obtain reimbursement for administration of EVENITY®

5

CODING AND BILLING

- Detailed coding and billing information supporting streamlined Coding and Billing submissions and reimbursement
- See page 7 for a list of preferred wholesalers

6

COST

- Determine your patient's out-of-pocket cost and how to apply for co-pay assistance

7

GET SUPPORT FROM Amgen® SupportPlus, ALONG WITH YOUR FIELD REIMBURSEMENT MANAGERS

- Amgen Field Reimbursement Managers can help with all of the above pathways and processes, including running the benefits for verification of your patient's coverage and costs

8

RESOURCES FOR YOUR PATIENTS

*Some payers may require EVENITY® to be accessed through the pharmacy benefit. Please contact the payer directly for these occurrences or connect with an Amgen® SupportPlus representative for more information.

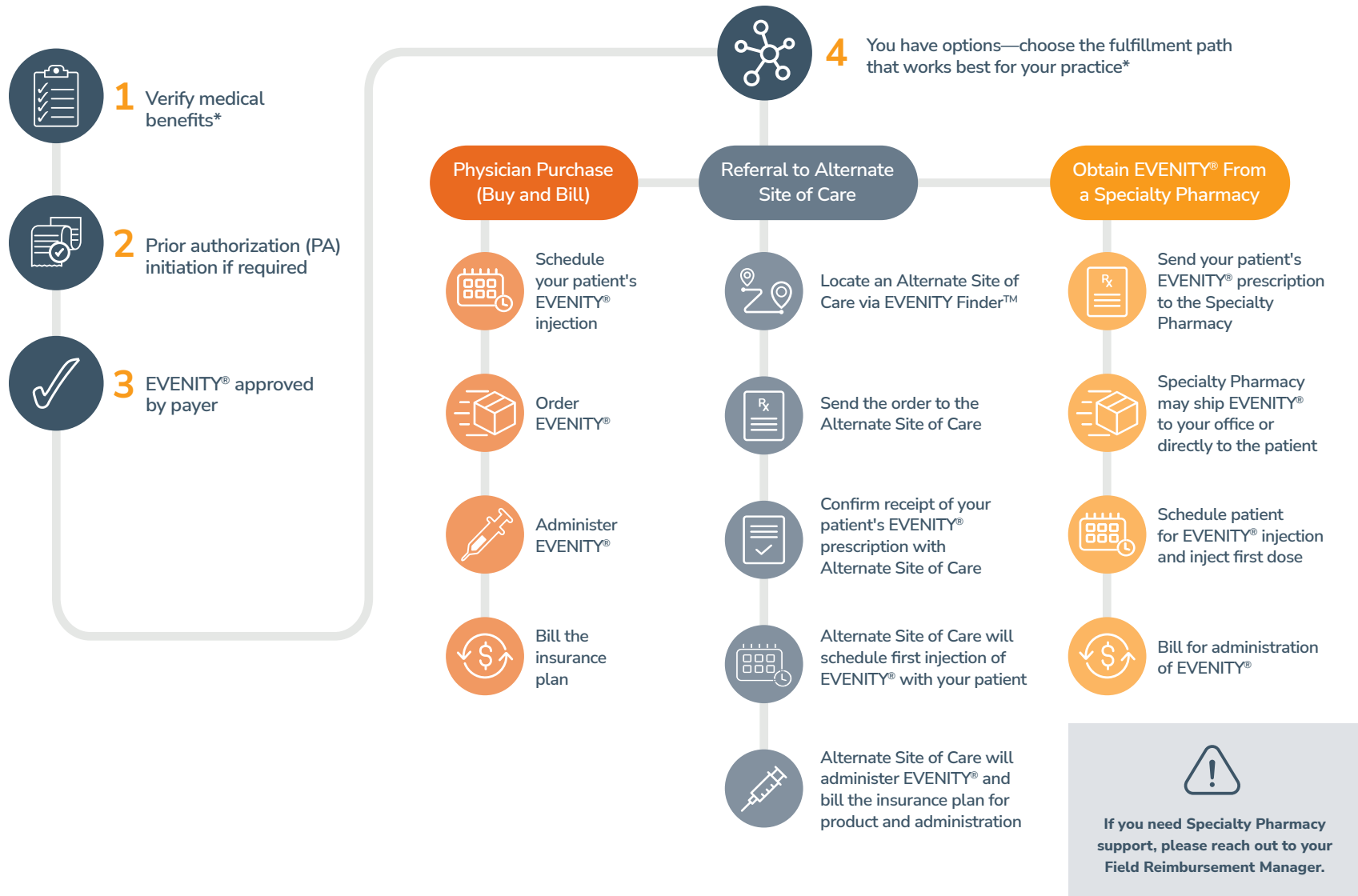


FULFILLMENT PATHWAYS



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

Understanding the access journey once EVENITY® is prescribed



* Fulfillment pathways vary by payer. Some payers may require EVENITY® to be accessed through the pharmacy benefit. Please contact the payer directly for these occurrences or connect with an Amgen® SupportPlus representative for more information.



The First Step in Your Patient's Fulfillment Pathway Starts Here*

- Verify your patient's medical benefits using Amgen® SupportPlus or directly with the payer
- Amgen SupportPlus can verify your patient's medical benefits and provide a Summary of Benefits, which includes:
 - An overview of coverage and benefit criteria for the Medical Benefit
 - Whether PA is required
 - Out-of-pocket costs
- Review the Summary of Benefits with your patient to help them understand their coverage, out-of-pocket costs, and next steps

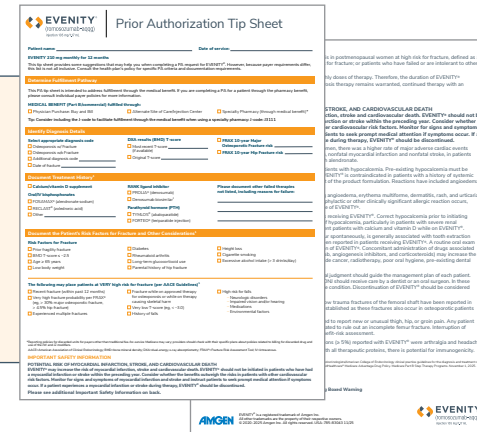
Complete PA if required

Payers require PAs to verify appropriateness and necessity of care. Commonly required documentation for PA includes:

- Diagnosis details
- Treatment history
- Most recent T-score
- Risk factors for fracture
- FRAX if available
- When submitting for PA you should always include the fulfillment pathway desired on the PA request
- History of fracture

QUICK TIPS for PAs:

- Review your patient's plan requirements for the PA
- Refer to the EVENITY® PA Tip Sheet for additional guidance
- Contact an Amgen Field Reimbursement Manager for assistance



* Fulfillment pathways vary by payer. Some payers may require EVENITY® to be accessed through the pharmacy benefit. Please contact the payer directly for these occurrences or connect with an Amgen® SupportPlus representative for more information.





PHYSICIAN PURCHASE

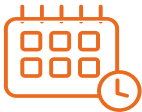


EVENITY[®]
(romosozumab-aqqg)
injection 105 mg/1.17 mL

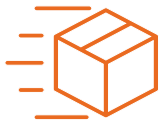


Run the benefits to verify your patient's Medical Benefits using Amgen® SupportPlus or directly with the payer

- Amgen® SupportPlus can verify your patient's Medical Benefits and provide a Summary of Benefits, which includes:
 - An overview of coverage and benefit criteria for the Medical Benefit
 - Whether a prior authorization (PA) is required
 - Out-of-pocket costs
- Review the Summary of Benefits with your patient to help them understand their coverage, out-of-pocket costs, and next steps
- Assist your patient with enrolling in the Amgen® SupportPlus Co-Pay Program, if applicable
- Complete the PA form (if required)



Schedule your patient's first EVENITY® injection



Order it

- Order EVENITY® from a preferred wholesaler
 - See Step 3 on page 7 of this guide for a list and contact information of preferred wholesalers
 - Download the EVENITY® Purchase Ordering form at [MyAmgenPortal.com/s/forms](https://myamgenportal.com/s/forms)
- See section 5 of this guide for detailed information to help you code and document your billing submission
- Once submitted, follow-up with the healthcare plan is recommended to ensure timely processing and receipt of your reimbursement, and review the remittance information to ensure appropriate payment once received.

ORDER EVENITY®

- Complete purchase order for EVENITY® by selecting a preferred wholesaler from the list provided on the Product Ordering Sheet
- Product Order Sheets are downloadable at [MyAmgenPortal.com/s/forms](https://www.amgen.com/MyAmgenPortal.com/s/forms). See also the next page in the guide

PRODUCT INFORMATION



- 2 syringes = 1 dose

Description

EVENITY® injection is a clear to opalescent, colorless to light-yellow solution for subcutaneous injection supplied in a single-use prefilled syringe. The prefilled syringe is not made with natural rubber latex. Each single-use prefilled syringe contains 105 mg of EVENITY® in a deliverable volume of 1.15 mL.

Quantity

Each EVENITY® carton contains one full dose. To deliver a full dose, the 2 syringes in each carton must be administered.

NDC Number

Select the appropriate NDC from the following as seen on the product carton:
55513-998-02
55513-880-02

PRODUCT ORDER INFORMATION

For product price and ordering information, please contact one of the following wholesalers:

For Clinics	Phone	Website
AndaMEDS Physician and Specialty Distribution (not approved for Oncology/Urology)	855-772-2879	www.andameds.com
Besse Medical	855-543-2111	www.besse.com
Cardinal Health Specialty Solutions	877-453-3972	www.cardinalhealth.com
CuraScript Specialty Distribution (Priority Healthcare Distribution)	877-599-7748	www.curscripts.com
Henry Schein, Inc.	800-772-4346	www.henryschein.com
McKesson Medical-Surgical (not approved for Oncology/Urology)	866-625-2679	mms.mckesson.com
McKesson Specialty Health	855-477-9800	www.mckesson-specialtyhealth.com
Metro Medical Supply, Inc.	800-768-2002	www.metro-medical.com
Oncology Supply	800-633-7555	www.oncologysupply.com
Cardinal Health PR 120, Inc.*	787-625-4100	www.cardinalhealth.pr
Cesar Castillo, Inc.*	787-999-1616	www.cesarcastillo.net
For Hospitals/Institutions		
AndaMEDS Physician and Specialty Distribution (not approved for Oncology/Urology)	855-772-2878	www.andameds.com
ASD Healthcare	800-837-5403	www.asdhealthcare.com
Cardinal Health Specialty Solutions	855-855-0708	www.cardinalhealth.com
McKesson Plasma & Biologics	877-625-2566	www.mckesson.com
M&D Specialty Distribution, LLC (Div. of Morris & Dickson, LLC)	800-710-6100	www.mdspecialtydist.com
Cardinal Health PR 120, Inc.*	787-625-4100	www.cardinalhealth.pr
Cesar Castillo, Inc.*	787-999-1616	www.cesarcastillo.net

EVENTITY® ADMINISTRATION

EVENTITY® should be administered by a healthcare provider as follows:¹



- EVENTITY® is given every month at 210 mg subcutaneously for 12 months, using both of the 105 mg/1.17 mL single-use prefilled syringes supplied in each EVENTITY® package¹
- Patients should be adequately supplemented with calcium and vitamin D during treatment¹

We're here for you and your patients when you need us

An Amgen Sales Representative can connect you with a Field Reimbursement Manager or call Amgen® SupportPlus at (866) 264-2778 Monday – Friday, 9:00 AM – 8:00 PM ET

EVENTITY® STORAGE



Store EVENTITY® in the refrigerator upon arrival at your office.

For Complete Storage and Handling instructions, refer to Section 16 of the EVENTITY® Prescribing Information.



REFERRAL TO ALTERNATE SITE OF CARE



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

1

Locate Site of Care - using EVENITY Finder™ – www.EVENITYFinder.com

Site of Care would administer EVENITY® to your patients

- Send a complete packet with order, documentation:
 - Office notes
 - Labs
 - Calcium
 - Latest DXA (T-score) and insurance information
 - Demographics sheet with patient information
 - Copy of medical insurance card front and back (including any secondary or supplemental insurance)
- It is best practice to call and confirm that the Site of Care received the order and whether they need any additional information

2

Alternate Site of Care administers EVENITY

- The Alternate Site of Care will perform their own benefits investigation and submit the Prior Authorization (PA)
- The Alternate Site of Care will manage scheduling, ordering, administration, and billing insurance for the medication



**OBTAIN EVENITY[®] FROM
A SPECIALTY PHARMACY**



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

1

Run the benefits to verify your patient's medical benefits using Amgen® SupportPlus or directly with the payer

- Send your patient's EVENITY® prescription to the Specialty Pharmacy
- Call the Specialty Pharmacy to verify the prescription was processed through the Medical Benefit
- Complete PA, if required
- The Specialty Pharmacy will call the patient to collect payment, then ship EVENITY® to your office
- Schedule the patient's first EVENITY® injection and let them know the Specialty Pharmacy will call—likely from an unknown number—to collect payment and arrange shipment to your office
- Inject the patient and bill for the Administration of EVENITY®



If you need Specialty Pharmacy support, please reach out to your Field Reimbursement Manager.



CODING AND BILLING



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



The information provided in this guide is of a general nature and for informational purposes only. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure, is always the responsibility of the provider or physician. The information provided in this guide should in no way be considered a guarantee of coverage or reimbursement for any product or service.

➤ Understand specific plan submission requirements

- Confirm the payer's time frame for submitting claims
- Determine proper coding and billing requirements for each specific payer
- Regularly audit records to ensure correct coding and billing documentation

➤ Review coding

- Determine appropriate administration code
- Regularly review coding sheets used in the practice to ensure they are up-to-date and accurate
- Some diagnosis codes may require additional alphanumeric characters for anatomical site, laterality, and encounter type

➤ Ensure you have the following information on-hand to submit to your plan:

- Correct and complete patient information
- Collect product and billing information
 - HCPCS code and units
 - Diagnosis code(s)
 - JZ modifier
 - Appropriate administration code
 - Medicaid and commercial payers may require NDC reporting
 - Include prior authorization (PA) approval information, if required
- Consider supplemental documentation (including test results and date as appropriate)
- Confirm billing and payer requirements. Follow required time frame for submission after rendering service
- If a PA was required, document the PA number when submitting the claim

➤ Manage reimbursement process

- Process payment claims for both administration and medication, if applicable
- Review the remittance advice to ensure appropriate payment once received
- If the claim is rejected or denied, consider appealing the decision
- If you are considering submitting a Letter of Medical Necessity on behalf of the patient, consider downloading a sample Letter of Medical Necessity form from www.amgensupportplus.com/hcp/evenity
- Contact your Amgen Field Reimbursement Manager for additional support



HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
 (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Doe, Jane J

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX
07/01/1950 M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Doe, Jane J

5. PATIENT'S ADDRESS (No., Street)
1123 Main Street

6. PATIENT RELATIONSHIP TO INSURED
 Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
 a. EMPLOYMENT? (Current or Previous) YES NO
 b. AUTO ACCIDENT? YES NO PLACE (State) _____
 c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
11111

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 SIGNED _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) QUAL. _____

15. NAME OF REFERRING PROVIDER OR OTHER SOURCE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
 FROM _____ TO _____

17. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
EVENITY® (romosozumab-aqqg), 210 mg

18. HOSPITAL FROM _____

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
EVENITY® (romosozumab-aqqg), 210 mg

20. OUTSIDE FROM _____

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10 Ind. **M80.0XXXX**

22. RESUBMISSION CODE ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER

24. DATE(S) OF SERVICE To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON (From) ID. QUAL. PR. _____

1	MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSON (From)	ID. QUAL.	PR.
1	01	23	21	01	23	21	11	J3111	XX		XXX,XX	210		NPI	
2	01	23	14	01	23	21	11	96XXX			XXX,XX	1		NPI	
3															
4															
5															
6															

25. FEDERAL TAX I.D. NUMBER SSN EIN **11-1111111**

26. PATIENT'S ACCOUNT

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.)
 SIGNED _____ DATE **07-01-23**

32. SERVICE FACILITY

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

(BOX 19) ADDITIONAL CLAIM INFORMATION:
 Indicate EVENITY® (romosozumab-aqqg), 210 mg. If required by the payer, enter additional information such as the NDC.

(BOX 24A) SHADED BOX DATE(S) OF SERVICE:
 If NDC reporting is required (ie, for Medicaid and some commercial payers), enter NDC for EVENITY® in shaded portion of Item 24A above the date of service. Check with the payer to determine the proper format for NDC reporting.

(BOX 21) DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:
 Indicate appropriate ICD diagnosis code as reflected in the patient's medical record. ICD-10 CM code example: M80.0 (age-related osteoporosis with current pathological fracture).

(BOX 23) PRIOR AUTHORIZATION NUMBER (if applicable)

(BOX 24G) DAYS OR UNITS:
 Indicate 210 units for one kit. Each EVENITY® kit contains one dose, which is 2 injections.

(BOX 24D) PROCEDURES, SERVICES, OR SUPPLIES:
Product
 Use J3111 (injection, romosozumab-aqqg, 1 mg)
JZ Discard Modifier
 JZ (no discarded units) modifier required in the Modifier box for Medicare Part B claims for drugs in single-use containers (eg, JZ).
Related Administration Procedure
 Determine appropriate product administration CPT code.
Please note: Each EVENITY® kit contains one dose, which is 2 injections. Applicable codes cover both injections. Healthcare providers should consult the payer or Medicare contractor to determine which code is most appropriate for administration of EVENITY®.

Administration and Professional Service Coding Information†

<p>Coding information in Box 24D: (Electronic form: Loop 2400, SV1, 01-2)</p>	<p>Healthcare providers should consult the payer or Medicare contractor to determine the code most appropriate for administration. It is the provider’s responsibility to ensure that codes used are consistent with payer policy and reflect the service performed.</p> <ul style="list-style-type: none"> • Determine appropriate product administration CPT code • Relevant evaluation and management (E&M) code. Note that when an E&M service is billed in addition to other professional services, the following modifier may be required to distinguish it as a separate service: –25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service)
<p>Considerations:</p>	<p>Each EVENITY® kit contains one dose, which is 2 injections for a total dose of 210 mg. Applicable codes cover both injections.</p>

Diagnosis Code Information†

<p>ICD-10-CM code in Box 21: (Electronic form: Loop 2300, HI, 01-2)</p>	<p>The following primary ICD-10-CM diagnosis code may be appropriate to describe patients with current osteoporotic fracture treated with EVENITY®:</p> <ul style="list-style-type: none"> • M80.0_ _ _ (age-related osteoporosis with current pathological fracture) <ul style="list-style-type: none"> – To ensure specificity, three additional characters should follow M80.0 to describe laterality, anatomic site, and encounter type <p>See page 6 for coding details for patients with current osteoporotic fracture.</p> <hr/> <p>The following primary diagnosis code may be appropriate to describe patients without current osteoporotic fracture treated with EVENITY®:</p> <ul style="list-style-type: none"> • M81.0 (age-related osteoporosis without current pathological fracture) <hr/> <p>The following secondary diagnosis code may be appropriate to describe patients with a personal history of healed osteoporosis fracture:</p> <ul style="list-style-type: none"> • Z87.310 personal history of healed osteoporosis fracture
--	--

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

Examples of ICD-10-CM Codes Relevant for Patients With Current Osteoporosis Fracture Treated With EVENITY® (romosozumab-aqqg)

Age-related osteoporosis with current pathological fracture

➤ M80.0___(laterality) (anatomic site) (encounter type)*

Encounter type†

Anatomic site and laterality	Initial encounter for fracture	Subsequent encounter for fracture with routine healing	Subsequent encounter for fracture with delayed healing	Subsequent encounter for fracture with nonunion	Subsequent encounter for fracture with malunion	Sequela
UNSPECIFIED SITE	M80.00XA	M80.00XD	M80.00XG	M80.00XK	M80.00XP	M80.00XS
SHOULDER						
Right	M80.011A	M80.011D	M80.011G	M80.011K	M80.011P	M80.011S
Left	M80.012A	M80.012D	M80.012G	M80.012K	M80.012P	M80.012S
Unspecified	M80.019A	M80.019D	M80.019G	M80.019K	M80.019P	M80.019S
HUMERUS						
Right	M80.021A	M80.021D	M80.021G	M80.021K	M80.021P	M80.021S
Left	M80.022A	M80.022D	M80.022G	M80.022K	M80.022P	M80.022S
Unspecified	M80.029A	M80.029D	M80.029G	M80.029K	M80.029P	M80.029S
FOREARM						
Right	M80.031A	M80.031D	M80.031G	M80.031K	M80.031P	M80.031S
Left	M80.032A	M80.032D	M80.032G	M80.032K	M80.032P	M80.032S
Unspecified	M80.039A	M80.039D	M80.039G	M80.039K	M80.039P	M80.039S
HAND						
Right	M80.041A	M80.041D	M80.041G	M80.041K	M80.041P	M80.041S
Left	M80.042A	M80.042D	M80.042G	M80.042K	M80.042P	M80.042S
Unspecified	M80.049A	M80.049D	M80.049G	M80.049K	M80.049P	M80.049S
FEMUR‡						
Right	M80.051A	M80.051D	M80.051G	M80.051K	M80.051P	M80.051S
Left	M80.052A	M80.052D	M80.052G	M80.052K	M80.052P	M80.052S
Unspecified	M80.059A	M80.059D	M80.059G	M80.059K	M80.059P	M80.059S

*According to the ICD-10-CM Official Guidelines for Coding and Reporting, M80.0 codes are for patients who have a current pathologic fracture at the time of an encounter. The codes under M80 identify the site of the fracture. A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.

†According to the ICD-10-CM Official Guidelines for Coding and Reporting, seventh character A is for use as long as the patient is receiving active treatment for the fracture. Assignment of the seventh character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time. Seventh character D is to be used for encounters after the patient has completed active treatment. The other seventh characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for treatment of problems associated with healing, such as malunions, nonunions, and sequelae.

‡Osteoporotic fracture of femur is the approximate synonym of osteoporotic fracture of the hip.

Encounter type⁵

Anatomic site and laterality	Initial encounter for fracture	Subsequent encounter for fracture with routine healing	Subsequent encounter for fracture with delayed healing	Subsequent encounter for fracture with nonunion	Subsequent encounter for fracture with malunion	Sequela
LOWER LEG						
Right	M80.061A	M80.061D	M80.061G	M80.061K	M80.061P	M80.061S
Left	M80.062A	M80.062D	M80.062G	M80.062K	M80.062P	M80.062S
Unspecified	M80.069A	M80.069D	M80.069G	M80.069K	M80.069P	M80.069S
ANKLE AND FOOT						
Right	M80.071A	M80.071D	M80.071G	M80.071K	M80.071P	M80.071S
Left	M80.072A	M80.072D	M80.072G	M80.072K	M80.072P	M80.072S
Unspecified	M80.079A	M80.079D	M80.079G	M80.079K	M80.079P	M80.079S
PELVIS						
Right	M80.0B1A	M80.0B1D	M80.0B1G	M90.0B1K	M80.0B1P	M80.0B1S
Left	M80.0B2A	M80.0B2D	M80.0B2G	M80.0B2K	M80.0B2P	M80.0B2S
Unspecified	M80.0B9A	M80.0B9D	M80.0B9G	M80.0B9K	M80.0B9P	M80.0B9S
VERTEBRA(E)	M80.08XA	M80.08XD	M80.08XG	M80.08XK	M80.08XP	M80.08XS
OTHER SITE	M80.0AXA	M80.0AXD	M80.0AXG	M80.0AXK	M80.0AXP	M80.0AXS

CLINICAL DIAGNOSIS DETAILS

- Postmenopausal osteoporosis
- Vertebral fractures
- Encounter for evaluating and continuing treatment of the fractures

POTENTIAL ICD-10-CM CODE

Age-related osteoporosis with current pathological fracture

M80.08XA

Initial encounter for fracture

Fracture of vertebrae

CLINICAL DIAGNOSIS DETAILS

- Postmenopausal osteoporosis
- Fracture of left wrist
- Follow-up encounter for routine fracture management (after active treatment has been completed)

POTENTIAL ICD-10-CM CODE

Age-related osteoporosis with current pathological fracture

M80.032D

Subsequent encounter for fracture with routine healing

Fracture of forearm

Left

⁵The diagnosis code examples and the hypothetical scenarios above are informational and should not be a substitute for an independent clinical decision. They are not intended to be directive or a guarantee of reimbursement. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient, is always the responsibility of the provider or physician. Please contact your payer with any questions.



COST



EVENITY[®]

(romosozumab-aqqg)

injection 105 mg/1.17 mL

Run the benefits to confirm patient out-of-pocket (OOP) costs

If your patient has commercial insurance, you can assist with enrolling them in the Amgen® SupportPlus Co-Pay Program.

Eligible patients may pay as little as \$0 for EVENITY®*



The Amgen SupportPlus Co-Pay Program can help eligible commercially insured patients lower their out-of-pocket prescription costs, including deductible, co-insurance, and co-payment.

- For EVENITY®, eligible patients may pay as little as \$0 out of pocket for each dose*
- Can be applied to deductible, co-insurance, and co-payment

*Terms and conditions apply.

We're here for you and your patients when you need us

An Amgen Sales Representative can connect you with a Field Reimbursement Manager or call Amgen SupportPlus at (866) 264-2778 Monday – Friday, 9:00 AM – 8:00 PM ET



AMGEN[®]Support⁺

Resources that can help support your patient

Amgen® SupportPlus can help with patient benefit verification and more

- Amgen® SupportPlus can run the Medical Benefits if required to verify your patient's insurance and provide a Summary of Benefits, including coverage and out-of-pocket costs, and help guide the steps to initiate a prior authorization (PA)
- Use the Amgen SupportPlus Customer Portal to initiate and retrieve benefit verification electronically
- Access product co-pay program information for eligible commercial patients
- Access EVENITY® Ordering Sheets and other helpful resources such as insurance verification forms, and Prior Authorization Tip Sheets at www.AmgenSupportPlus.com/hcp/evenity



Submit a request for Amgen SupportPlus to verify your patient's benefits

Contact Amgen SupportPlus at **(866) 264-2778** Monday – Friday, 9:00 AM – 8:00 PM ET, fax completed forms to **1-877-877-6542**, or visit MyAmgenPortal.com

1:1 support is available with flexible times to connect at your convenience



Amgen® SupportPlus

Representatives can assist with benefits verification and enrollment in Amgen SupportPlus Co-pay Program and the Amgen SupportPlus Portal.



Field Reimbursement Managers

Field Reimbursement Managers provide live or virtual one-on-one support including:

- Navigating PA appeals and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Answers to general questions about Amgen SupportPlus programs and other available resources

Your Amgen SupportPlus Representative can connect you with a Field Reimbursement Manager
or call Amgen SupportPlus at 1-866-264-2778, Monday – Friday, 9:00 AM – 8:00 PM ET

Questions About the cost of EVENITY®? Amgen SupportPlus Can Help

For Medicare or Government Program Coverage, Uninsured or Underinsured Patients

Connect and learn more about independent nonprofit foundations that may be able to help*

For Commercial Insurance Coverage

Learn more about the Amgen SupportPlus Co-Pay Program

* Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.



RESOURCES



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

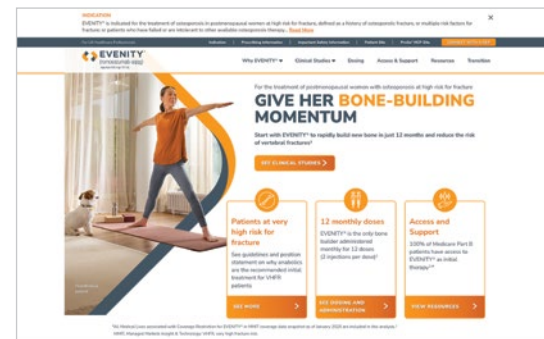
EVENTITY® patient and HCP websites provide additional information about EVENTITY®, Amgen® SupportPlus, and downloadable resources

Discover More Online



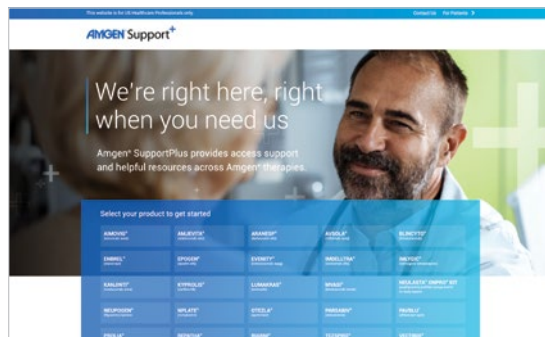
eventity.com

Patients can learn more about their treatment with EVENTITY® and resources to help pay for EVENTITY®



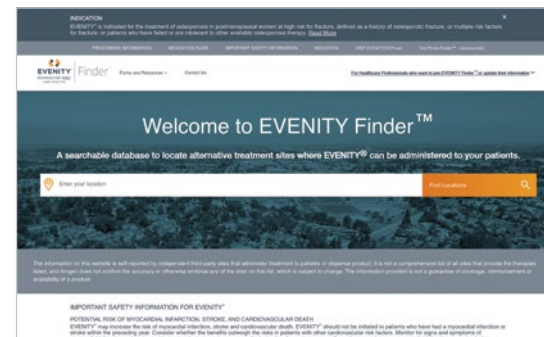
eventityhcp.com

Get more information about EVENTITY® clinical studies, patient support, and access support



amgensupportplus.com

Learn more about the HCP Support Center, Field Reimbursement Managers, and downloadable resources for your patients and office



eventityfinder.com

When your patient needs an alternate site of care for EVENTITY® administration, EVENTITY Finder™ can help



Select resources available online at amgensupportplus.com—support at your convenience

Discover and Download

EVENTY[®]
(romosozumab-aqqg)
Insulin-Independent Diabetes Mellitus (IDDM)

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

Form Details: Includes fields for Patient Name, Date of Birth, Social Security Number, Insurance ID, and Insurance Type. It also contains sections for Medical Benefits, Network Status, and a section for the provider to complete regarding patient eligibility and insurance verification.

Insurance Verification Form

EVENTY[®]
(romosozumab-aqqg)
Insulin-Independent Diabetes Mellitus (IDDM)

Prior Authorization Tip Sheet

Form Details: Provides instructions for patients on how to complete a Prior Authorization (PA) request. It includes sections for 'Safety Checkpoints' (e.g., HbA1c, renal function, hypoglycemia) and 'Additional Information' (e.g., medical history, current medications). It also lists 'Risk Factors for Fractures and Other Complications' such as high heels, osteoporosis, and falls.

Prior Authorization Tip Sheet

EVENTY[®] (romosozumab-aqqg) Sample Letter of Medical Necessity

Form Details: A template for a Sample Letter of Medical Necessity (SLMN). It includes fields for Patient Name, Insurance Company, Policy ID, and Date of Birth. The letter body contains a pre-filled text explaining the medical necessity for EVENTY based on the patient's history of osteoporosis and fracture risk. It also includes a section for the provider to sign and date.

Sample Letter of Medical Necessity

EVENTY[®]
(romosozumab-aqqg)
Insulin-Independent Diabetes Mellitus (IDDM)

Treatment Referral Form

Form Details: A form for a Treatment Referral. It includes fields for Patient Name, Insurance Company, Policy ID, and Date of Birth. The form contains a section for the provider to complete, detailing the patient's medical history and the need for EVENTY. It also includes a section for the patient to sign and date, and a section for the provider to sign and date.

Treatment Referral Form

Contact Amgen SupportPlus at 1-866-264-2778, Monday – Friday, 9:00 AM – 8:00 PM ET, or visit Amgen SupportPlus Customer Portal at MyAmgenPortal.com

IMPORTANT SAFETY INFORMATION



INDICATION

EVENTITY® 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® wanes after 12 monthly doses of therapy. Therefore, the duration of EVENTITY® 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 FOR EVENTITY®

POTENTIAL RISK OF MYOCARDIAL INFARCTION, STROKE, AND CARDIOVASCULAR DEATH

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

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

Hypocalcemia: Hypocalcemia has occurred in patients receiving EVENTITY®. Correct hypocalcemia prior to initiating EVENTITY®. 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®.

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

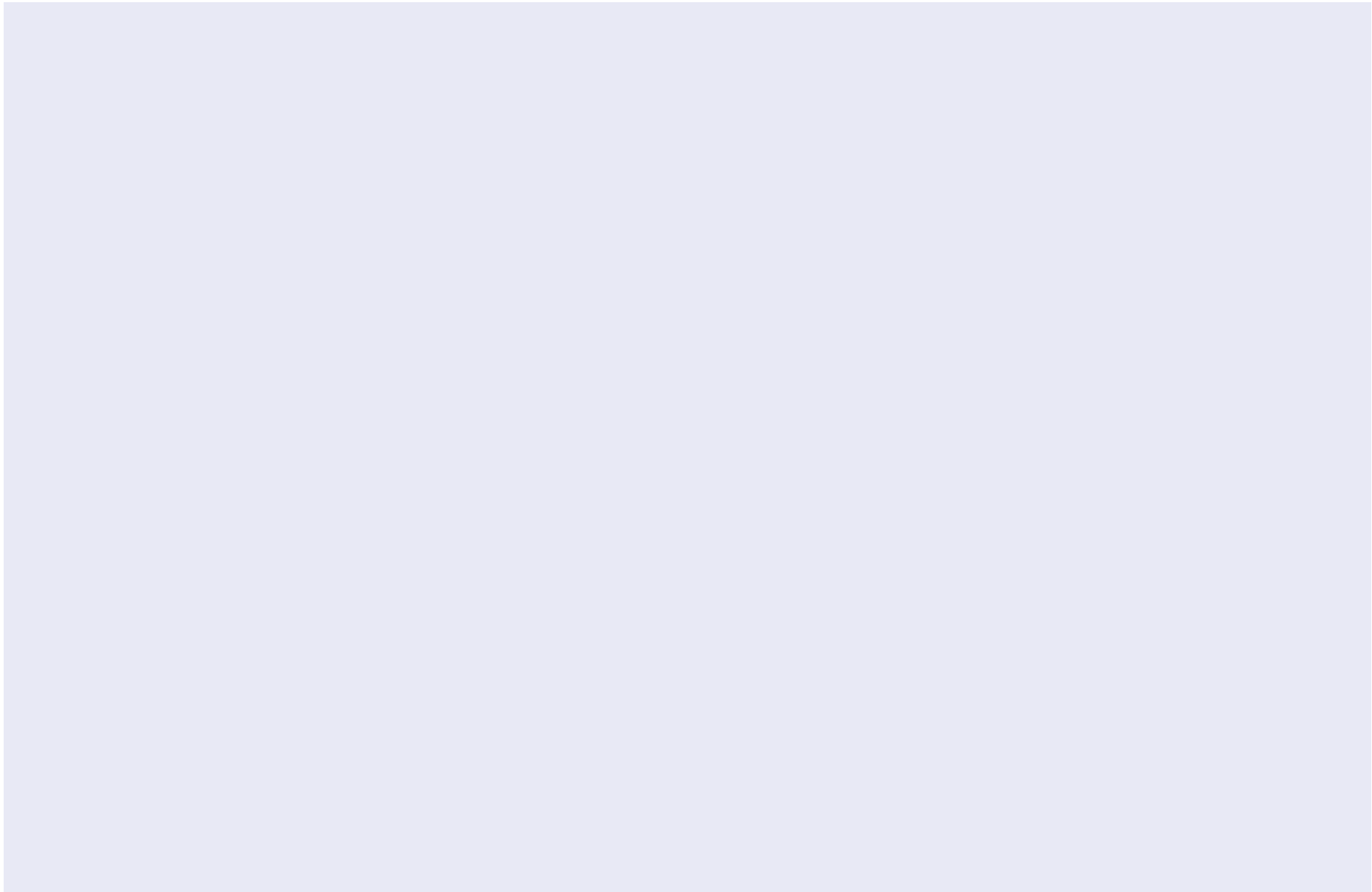
During EVENTITY® treatment, patients should be advised to report new or unusual thigh, hip, or groin pain. Any patient who presents with thigh or groin pain should be evaluated to rule out an incomplete femur fracture. Interruption of EVENTITY® therapy should be considered based on benefit-risk assessment.

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

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

Please see accompanying EVENTITY® full Prescribing Information, including Medication Guide.

NOTES





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

Reference: 1. EVENITY[®] (romosozumab-aqqg) prescribing information, Amgen.

AMGEN

Amgen
One Amgen Center Drive
Thousand Oaks, CA 91320-1799

www.amgen.com

© 2022-2026 Amgen Inc. All rights reserved. USA-785-83131 01/26