

**EVENTITY
MEDICAL BENEFIT ONLY
PRESCRIBER
PRIOR AUTHORIZATION FORM**

**Fax completed form to:
1 (844) 652-8285**

Patient Information (required)				Provider Information (required)			
Date:				Provider Name and Office Contact:			
Patient Name:				Specialty:		NPI:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:		State:	Zip:
HCPCS code:				ICD-10:			
Patient ID: R				Physician Signature:			
PHYSICIAN COMPLETES							

Evenity (romosozumab-aqqg)

NOTE: Form must be completed in its **entirety** for processing. **please check ALL boxes that apply**

- ☐ This is **INITIATION** of therapy
- ☐ Patient is 18 years of age or older
- ☐ Patient's diagnosis is:
- ☐ Osteoporosis in a postmenopausal woman

☐ Other diagnosis (please provide clinical documentation supporting medical necessity)
- ☐ Patient had an inadequate treatment response, intolerance, or contraindication to bisphosphonate therapy OR Prolia (denosumab)
- ☐ Physician agrees to correct any pre-existing hypocalcemia, if present, before initiation of therapy or patient does not have hypocalcemia
- ☐ Patient has a T-score below -2.5 **OR** is at high risk for bone fractures (prior osteoporotic fracture or multiple risk factors for fracture)
- ☐ Patient has **NOT** had a myocardial infarction or stroke in the past year
- ☐ Patient will **NOT** be on Evenity for longer than 12 months
- ☐ Patient will **NOT** use Evenity concurrently with another prior authorized medication for osteoporosis, such as teriparatide, Prolia, Forteo, Bonsity, or Tymlos
- ☐ Physician agrees to a **MAX** dose of 6 injections per 90 days
- ☐ This is a PA renewal for **CONTINUATION** of therapy
- ☐ Patient has been on Evenity for less than 12 months total
- ☐ Please provide dates and/or total number of months that the patient has received treatment with Evenity _____

PLEASE NOTE: Evenity may be considered investigational for patients less than 18 years of age and for all other indications. If approved, coverage is limited to a lifetime MAX of 12 months total treatment.