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

For the treatment of postmenopausal women with osteoporosis at high risk for fracture

Start with the dual effect of EVENITY®[1]

Only EVENITY® builds bone and reduces resorption, to a lesser extent, in 12 months[1-3]

Mechanism of action representations are for illustrative purposes only and are not meant to imply clinical efficacy.

Helen
Hypothetical patient

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.

Please see additional EVENITY® Important Safety Information on page 13.

Patients like yours could benefit from EVENITY®

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

Nancy never thought her back pain was the result of an osteoporosis-related vertebral fracture

Nancy

Active and Untreated

Nancy has fractured but is not currently receiving osteoporosis treatment. Since she is at the highest risk for fracture in the year after her first one, she is looking for a treatment that will rapidly build strong new bone within 12 months

Hypothetical patient

Postmenopausal Osteoporosis History

- Was unaware that she sustained a vertebral fracture 2 months ago
- Not currently being treated for osteoporosis
- Current BMD: −2.59
- BMD 2 years ago: −2.43

Lifestyle

- Nancy is 65 years old, recently retired from teaching, and is on Medicare
- She and her husband enjoy hiking now that they are both retired
- But Nancy has been in constant pain from the undiagnosed fracture
- When she visited her family practitioner, Nancy was shocked to learn the pain was from a vertebral fracture
- She worries that another fracture could limit their future hiking adventures

BMD = bone mineral density

Important Safety Information

EVENITY® is contraindicated in patients with hypocalcemia, and patients with a history of systemic hypersensitivity to romosozumab or to any component of the product formulation.

Please see additional EVENITY® Important Safety Information on page 13.

Betsey's osteoporosis-related fracture is an indicator that her bones have deteriorated

Betsey

Fractured while on a Bisphosphonate

Betsey's first fracture was soon followed by another, and she now needs a bone-building treatment that can decrease her risk of another fracture

Hypothetical patient

Postmenopausal Osteoporosis History

- Recently suffered a wrist fracture while on a bisphosphonate, which she was prescribed 12 months ago after a vertebral fracture
- Current BMD: −3.31
- BMD 2 years ago: −3.47

Lifestyle

- At age 71, Betsey recently lost her husband and currently lives alone
- She takes care of her 4-year-old twin grandchildren while their parents work, and she loves traveling
- Betsey is worried what an additional fracture could mean
- Her doctor wants to prescribe a bone builder

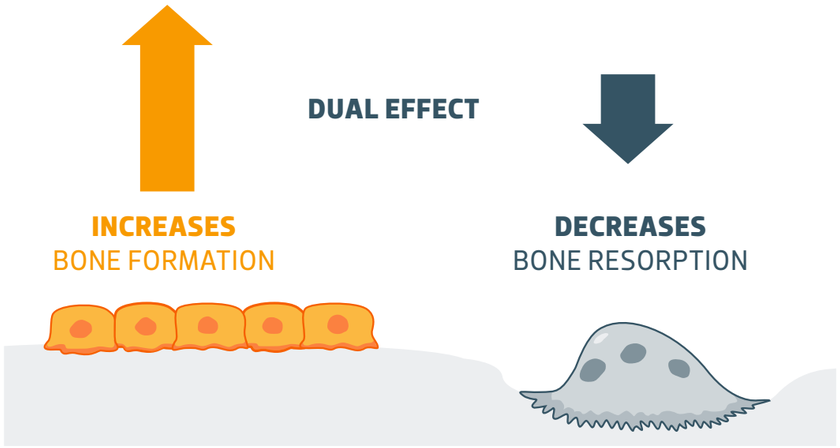
A FRACTURE PLACES PATIENTS LIKE BETSEY AT

~2X GREATER RISK OF ANOTHER FRACTURE[4,*]

*Risk of another fracture is highest in the first year after the first fracture (~5 times more) and it remains significantly elevated during 15 years of follow up (~2 times more). Date based a population based study of 4140 postmenopausal women age 50–90 years.

EVENITY® is the first and only bone builder that works differently with a dual effect[1-3]

EVENITY® works with the body's natural ability to increase bone formation and, to a lesser extent, decrease bone resorption[1]



EVENITY® INCREASES OSTEOBLASTIC ACTIVITY[1]
as demonstrated by increases in sP1NP
(bone formation marker)

EVENITY® DECREASES OSTEOCLASTIC ACTIVITY[1]
as demonstrated by decreases in sCTX
(bone resorption marker)

Mechanism of action representations are for illustrative purposes only and are not meant to imply clinical efficacy.

EVENITY® is a humanized monoclonal antibody that binds and inhibits sclerostin, a regulatory factor in bone metabolism.[1]

Go to www.EVENITYHCP.com/MOA to watch a video about the EVENITY® dual effect

EVENITY® was studied with nearly 12,000 women with postmenopausal osteoporosis in three phase 3 trials[1,5]

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

ARCH
Head-to-head fracture study vs alendronate
in post-fracture women[1]

FRAME
Placebo-controlled fracture study
in postmenopausal osteoporotic women[1]

STRUCTURE
Active-controlled BMD study vs teriparatide
in women at high risk of fracture transitioning from oral bisphosphonates[5]

Learn more about all 3 EVENITY® clinical studies at www.EVENITYHCP.com

Important Safety Information

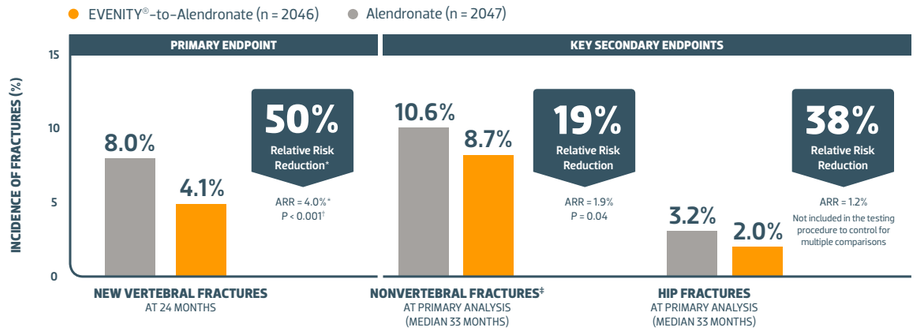
Hypersensitivity reactions have occurred in EVENITY®-treated patients. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of EVENITY®.

Please see additional EVENITY® Important Safety Information on page 13.

EVENITY® for 12 months followed by alendronate provided superior vertebral and nonvertebral fracture risk reduction vs alendronate alone[1]

Data are from a randomized, double-blind, alendronate-controlled study comparing EVENITY® followed by alendronate vs alendronate alone in 4,093 postmenopausal women with osteoporosis who have experienced a fracture. Co-primary endpoints were incidence of morphometric vertebral fracture at 24 months and time to first clinical fracture (nonvertebral and symptomatic vertebral fracture) through the primary analysis period.[1]

EVENITY® First Followed by Alendronate vs Alendronate Alone[1,6]
Fracture Risk Reduction



This was an event-driven trial and the duration of follow-up varied across subjects. The median duration of subject follow-up for the primary analysis period was 33 months

ARR = absolute risk reduction.

*Absolute and relative risk reductions are based on the Mantel-Haenszel method adjusting for age strata, baseline total hip BMD T-score (≤ -2.5, > -2.5), and presence of severe vertebral fracture at baseline.
†*P* value based on logistic regression model (new vertebral fracture) or Cox proportional hazards model (other fracture types) adjusting for age strata, baseline total hip BMD T-score, and presence of severe vertebral fracture at baseline.
‡Nonvertebral fractures excluded fractures of the skull, facial bones, metacarpals, fingers, and toes. Pathologic or high trauma fractures were also excluded.

- EVENITY® for 12 months followed by alendronate provided significant reduction in risk of new vertebral and nonvertebral fracture vs alendronate alone[1]
- EVENITY® for 12 months followed by alendronate reduced the incidence of clinical fracture (nonvertebral and symptomatic vertebral fracture) at primary analysis (median 33 months) (*P* < 0.001)[1]

Nancy experienced a fracture, like more than 98% of the patients enrolled in the ARCH study who had previously fractured.[6]

Find more information about the ARCH study at **www.EVENITYHCP.com/ARCH**

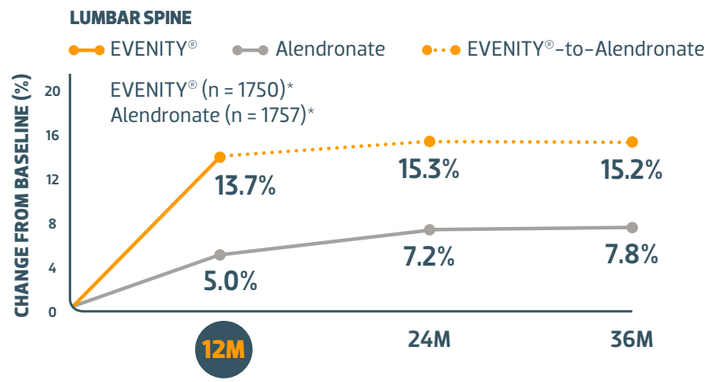
A EVENITY® VS ALENDRONATE (ARCH)

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

EVENITY® rapidly increased BMD in just 12 months[1]

BMD superiority vs alendronate across key sites[1]

EVENITY® First Followed by Alendronate vs Alendronate Alone[1,6]
BMD Gains at 12, 24, and 36 Months



BMD = bone mineral density

*Number of subjects with values at baseline and at least one post-baseline visit at or before month 36.
†P < 0.001 based on ANCOVA model using last-observation-carried-forward (LOCF) adjusting for treatment, age strata, presence of severe vertebral fracture at baseline, baseline BMD value, machine type, and baseline BMD value-by-machine type interaction.

- **Total hip: 3.3% BMD difference at 12 months (6.2% BMD gains for EVENITY® vs 2.8% for alendronate)[1,6]**
- **Femoral neck: 3.2% BMD difference at 12 months (4.9% BMD gains for EVENITY® vs 1.7% for alendronate)[1,6]**

- Within 12 months vs alendronate, EVENITY® demonstrated significant improvements in BMD at the lumbar spine, total hip, and femoral neck[1]
- Gains were sustained after follow-on treatment with alendronate[1]

Important Safety Information

Hypocalcemia has occurred in patients receiving EVENITY®. Correct hypocalcemia prior to initiating EVENITY®. Adequately supplement patients with calcium and vitamin D while on EVENITY®.

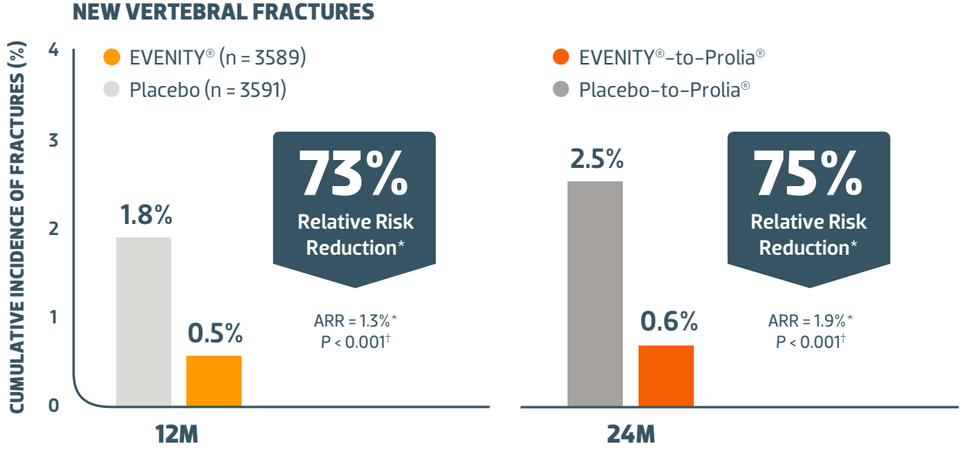
Please see additional EVENITY® Important Safety Information on page 13.

EVENITY® rapidly reduced vertebral fracture risk in just 12 months[1]

Patients taking EVENITY® during the first 12 months followed by Prolia® (denosumab) had significantly fewer vertebral fractures than those taking placebo followed by Prolia®[1]

Data are from a randomized, double-blind, placebo-controlled study comparing EVENITY® first followed by Prolia® vs placebo followed by Prolia® in 7,180 postmenopausal women with osteoporosis.
Co-primary endpoints were new vertebral fractures at month 12 and month 24.[1]

EVENITY® First Followed by Prolia® vs Placebo Followed by Prolia®[1]
Fracture Risk Reduction at 12 and 24 Months



ARR = absolute risk reduction.

*Absolute and relative risk reduction are based on the Mantel-Haenszel method adjusting for age and prevalent vertebral fracture strata.
†P value based on logistic regression model adjusting for age and prevalent vertebral fracture strata.

The incidence of nonvertebral fractures was not statistically significantly different when comparing EVENITY®-treated women to placebo-treated women at month 12 or month 24

Patients like Betsey, with multiple fractures, worry about the next fracture. Betsey's doctor knows EVENITY® can help both increase her BMD and reduce her risk for vertebral fracture.[1]

Find more information about the FRAME study at www.EVENITYHCP.com/FRAME

F EVENITY® VS PLACEBO (FRAME)

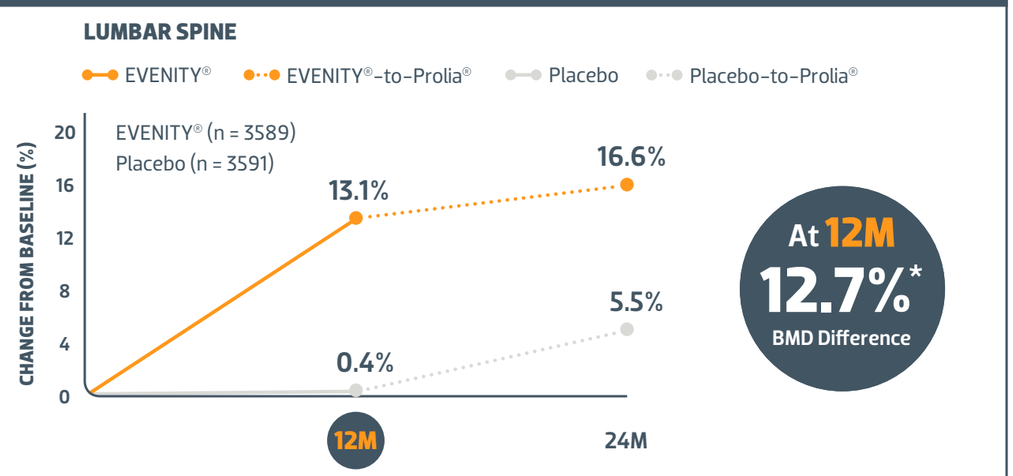
EVENITY® (romosozumab-aqqg) injection 105 mg/1.17 mL

EVENITY® rapidly built new bone in 12 months[1]

Significant BMD gains at key sites[1]

When followed by Prolia® (denosumab), BMD gains were maintained through 24 months.

EVENITY® First Followed by Prolia® vs Placebo Followed by Prolia®[1,7]
BMD Gains at Month 12 and Month 24



*P < 0.001 based on ANCOVA model adjusting for treatment, age and prevalent vertebral fracture stratification variables, baseline value, machine type, and baseline value-by-machine type interaction, without adjustment for multiplicity.

- **Total hip: 5.8% BMD difference at 12 months (6.0% BMD gains for EVENITY® vs 0.3% for placebo)[1,7]**
- **Femoral neck: 5.2% BMD difference at 12 months (5.5% BMD gains for EVENITY® vs 0.3% for placebo)[1,7]**

When followed by Prolia®, BMD gains were maintained through 24 months[1]

Important Safety Information

ONJ and atypical femoral fracture have been reported in patients taking EVENITY®. Patients should be monitored for adverse outcomes.

Please see additional EVENITY® Important Safety Information on page 13.

The safety of EVENITY® in the double-blind portion of ARCH and FRAME trials

Adverse reactions occurring in ≥ 2% of EVENITY®-treated women in at least one study[1]

Preferred Term	FRAME		ARCH	
	Placebo (N = 3576) n (%)	EVENITY® (N = 3581) n (%)	Alendronate (N = 2014) n (%)	EVENITY® (N = 2040) n (%)
Arthralgia	434 (12.1)	468 (13.1)	194 (9.6)	166 (8.1)
Headache	208 (5.8)	235 (6.6)	110 (5.5)	106 (5.2)
Muscle spasms	140 (3.9)	163 (4.6)	81 (4.0)	70 (3.4)
Edema peripheral	67 (1.9)	86 (2.4)	38 (1.9)	34 (1.7)
Asthenia	79 (2.2)	84 (2.3)	53 (2.6)	50 (2.5)
Neck pain	54 (1.5)	80 (2.2)	42 (2.1)	34 (1.7)
Insomnia	68 (1.9)	72 (2.0)	36 (1.8)	34 (1.7)
Paresthesia	62 (1.7)	72 (2.0)	34 (1.7)	29 (1.4)

Adjudicated cases of ONJ and AFF in both phase 3 studies[1]

FRAME ONJ & AFF	ARCH ONJ & AFF
7,157 patients were evaluated during the safety analysis[1,*]	**4,054** patients were evaluated during the safety analysis[1]
· **One** adjudicated case of ONJ[1] – Occurred within 12 months of EVENITY® treatment[1,8,†]	· **No** adjudicated cases of ONJ[6] · **No** adjudicated cases of AFF[6]
· **One** adjudicated case of AFF[1,‡] – Occurred 3.5 months after the first dose of EVENITY®[1,8,§]	

AFF = atypical femoral fracture; ONJ = osteonecrosis of the jaw.

*The population for the double-blind safety analysis included all the patients who underwent randomization and received at least one dose of placebo or EVENITY® in the 12-month double-blind period; †Occurred in the context of ill-fitting dentures; ‡The events listed include adverse events that were adjudicated as positive by an independent adjudication committee; §The patient had a reported history of prodromal pain at the site of fracture beginning before enrollment.

Subject incidence of Major Adverse Cardiac Events (MACE)* in the 12-month double-blind portion of FRAME and ARCH[1]

	FRAME		ARCH	
	Placebo (N = 3576) n (%)	EVENITY® (N = 3581) n (%)	Alendronate (N = 2014) n (%)	EVENITY® (N = 2040) n (%)
MACE	**29 (0.8)**	**30 (0.8)**	**22 (1.1)**	**41 (2.0)**
Myocardial infarction†	8 (0.2)	9 (0.3)	5 (0.2)	16 (0.8)
Stroke†	10 (0.3)	8 (0.2)	7 (0.3)	13 (0.6)
Cardiovascular death‡	15 (0.4)	17 (0.5)	12 (0.6)	17 (0.8)

· FRAME MACE Hazard Ratio: 1.03 ([0.62, 1.72]) for EVENITY® compared to placebo
· ARCH MACE Hazard Ratio: 1.87 ([1.11, 3.14]) for EVENITY® compared to alendronate
There was a higher rate of MACE in ARCH, but no imbalance was observed in FRAME.

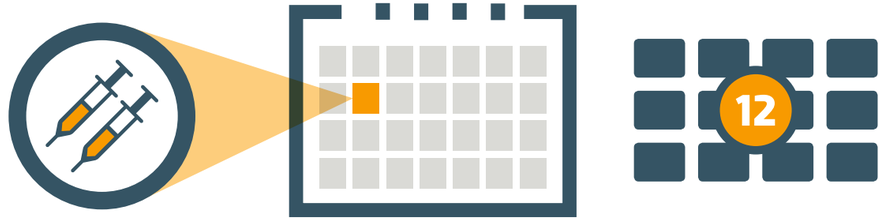
CV = cardiovascular; MI = myocardial infarction.

*MACE is a composite endpoint of positively adjudicated MI, stroke, and CV death.
†These events occurred in patients with and without a history of myocardial infarction or stroke.
‡Includes fatal events adjudicated as CV related or undetermined.

Please see additional EVENITY® Important Safety Information on page 13.

EVENITY® is the only bone builder administered monthly for 12 doses[1-3]

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



1 DOSE. (TWO INJECTIONS)

1X PER MONTH.

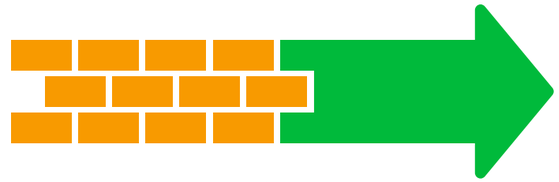
FOR 12 DOSES.

EVENITY® should be administered by a healthcare provider[1]

- **Dosed 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 EVENITY® package[1]**
- **Patients should be adequately supplemented with calcium and vitamin D during treatment[1]**

EVENITY® helps build a strong foundation

Rapidly improve BMD in 12 months for gains that can be improved with Prolia® (denosumab) through 24 months.



*HELP **BUILD** WITH EVENITY® IN 12 DOSES[1]*

CONSIDER TRANSITIONING TO AN ANTIRESORPTIVE SUCH AS PROLIA® (denosumab)[1,9]

Indication for Prolia®

Prolia® is indicated for the treatment of postmenopausal women with osteoporosis 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. Prolia® reduces the incidence of vertebral, nonvertebral, and hip fractures.

Important Safety Information for Prolia®

Prolia® is contraindicated in patients with hypocalcemia, women who are pregnant, and patients with a history of systemic hypersensitivity to any component of the product. Perform pregnancy testing in women of reproductive potential prior to initiating treatment with Prolia®.

Please see additional Prolia® Important Safety Information on pages 14-15.

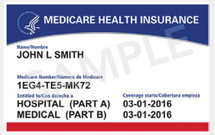
All Medicare Part B patients are covered* for EVENITY® with no prior authorization required[10,†]

EVENITY® IS FULFILLED THROUGH THE TRADITIONAL BUY AND BILL PATHWAY

- Similar to other buy and bill products, EVENITY® can be administered in your office and is covered under Medicare Part B

MAJORITY OF EVENITY® PATIENTS ARE COVERED BY MEDICARE PART B PLANS[11,‡]

- **81%** of Medicare Part B patients have supplemental insurance, meaning they will likely **pay $0 per dose** of EVENITY®[12,§]
- After a deductible is met, Medicare typically picks up 80% of office-administered products under Part B[13]
- Patients may obtain a supplemental insurance (eg, Medigap) plan to pick up some of the additional 20%[14,**]
- Patients may have additional medical benefit out-of-pocket (OOP) costs related to office visits, facility fees, or administration of EVENITY®. Individual OOP costs will vary



Consult with Amgen Assist® or your payer to verify actual patient OOP costs

PERSONALIZED SUPPORT THROUGHOUT THE ACCESS AND REIMBURSEMENT PROCESS

- **Amgen Assist®**
  - — Allows you to choose the service that's right for you – insurance verification, patient support, financial resources, and more
- **Field Reimbursement Specialist**
  - — Helps with understanding local policies and educates you on every step of the insurance claims process
- **Referral to Alternate Sites of Care**
  - — Amgen Assist® can help you refer patients to alternate sites of care that administer EVENITY®
  - — You can also visit EVENITYFinder.com to search for alternate sites of care

To get connected, contact your Amgen representative.

Need additional support or more information?
Contact Amgen Assist® at **1-866-AMG-ASST (1-866-264-2778), fax at 1-877-877-6542,** Monday through Friday, 9:00 am to 8:00 pm ET, or visit **AmgenAssistSupport.com.**

*Covered per the labeled indication.
†Based on DRG coverage data as of 02/2020.
‡Based on a study population of 12,954 EVENITY® patients who have gone through Amgen Assist® insurance verification data for 03/2019 to 02/2020 (Medicare FFS – 8,344; Medicare Advantage – 2,075; Private Commercial – 2,352; and Other – 183).
§Based on Amgen Assist® insurance verification data. Only EVENITY® prospective patients who have opted for Amgen hub services and identified through insurance verification information are included in the analysis. Data is for 09/2019 to 02/2020.
**Patient should be enrolled in Medicare Part A and Part B. Medicare patients with supplemental coverage (eg, Medigap) may require additional monthly premiums.

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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.

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 click here for EVENITY® full Prescribing Information, including Medication Guide.

IMPORTANT SAFETY INFORMATION FOR PROLIA® (DENOSUMAB)

Contraindications: Prolia® is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating Prolia®. Prolia® is contraindicated in women who are pregnant and may cause fetal harm. In women of reproductive potential, pregnancy testing should be performed prior to initiating treatment with Prolia®. Prolia® is contraindicated in patients with a history of systemic hypersensitivity to any component of the product. Reactions have included anaphylaxis, facial swelling and urticaria.

Same Active Ingredient: Prolia® contains the same active ingredient (denosumab) found in XGEVA®. Patients receiving Prolia® should not receive XGEVA®.

Hypersensitivity: Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia®. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritus and urticaria. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of Prolia®.

Hypocalcemia: Hypocalcemia may worsen with the use of Prolia®, especially in patients with severe renal impairment. In patients predisposed to hypocalcemia and disturbances of mineral metabolism, including treatment with other calcium-lowering drugs, clinical monitoring of calcium and mineral levels is highly recommended within 14 days of Prolia® injection. Concomitant use of calcimimetic drugs may worsen hypocalcemia risk and serum calcium should be closely monitored. Adequately supplement all patients with calcium and vitamin D.

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 Prolia®. An oral exam should be performed by the prescriber prior to initiation of Prolia®. A dental examination with appropriate preventive dentistry is recommended prior to treatment in patients with risk factors for ONJ such as invasive dental procedures, diagnosis of cancer, concomitant therapies (e.g. chemotherapy, corticosteroids, angiogenesis inhibitors), poor oral hygiene, and co-morbid disorders. Good oral hygiene practices should be maintained during treatment with Prolia®. The risk of ONJ may increase with duration of exposure to Prolia®.

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. Extensive dental surgery to treat ONJ may exacerbate the condition. Discontinuation of Prolia® should be considered based on individual benefit-risk assessment.

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

During Prolia® 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 Prolia® therapy should be considered, pending a risk/benefit assessment, on an individual basis.

Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia® Treatment: Following discontinuation of Prolia® treatment, fracture risk increases, including the risk of multiple vertebral fractures. New vertebral fractures occurred as early as 7 months (on average 19 months) after the last dose of Prolia®. Prior vertebral fracture was a predictor of multiple vertebral fractures after Prolia® discontinuation. Evaluate an individual's benefit/risk before initiating treatment with Prolia®. If Prolia® treatment is discontinued, patients should be transitioned to an alternative antiresorptive therapy.

IMPORTANT SAFETY INFORMATION FOR PROLIA® (DENOSUMAB) (CONTINUED)

Serious Infections: In a clinical trial (N = 7808), serious infections leading to hospitalization were reported more frequently in the Prolia® group than in the placebo group. Serious skin infections, as well as infections of the abdomen, urinary tract and ear, were more frequent in patients treated with Prolia®.

Endocarditis was also reported more frequently in Prolia®-treated patients. The incidence of opportunistic infections and the overall incidence of infections were similar between the treatment groups. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis.

Patients on concomitant immunosuppressant agents or with impaired immune systems may be at increased risk for serious infections. In patients who develop serious infections while on Prolia®, prescribers should assess the need for continued Prolia® therapy.

Dermatologic Adverse Reactions: Epidermal and dermal adverse events such as dermatitis, eczema and rashes occurred at a significantly higher rate with Prolia® compared to placebo. Most of these events were not specific to the injection site. Consider discontinuing Prolia® if severe symptoms develop.

Musculoskeletal Pain: Severe and occasionally incapacitating bone, joint, and/or muscle pain has been reported in patients taking Prolia®. Consider discontinuing use if severe symptoms develop.

Suppression of Bone Turnover: Prolia® resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. The significance of these findings and the effect of long-term treatment are unknown. Monitor patients for consequences, including ONJ, atypical fractures, and delayed fracture healing.

Adverse Reactions: The most common adverse reactions (>5% and more common than placebo) are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. Pancreatitis has been reported with Prolia®.

The overall incidence of new malignancies was 4.3% in the placebo group and 4.8% in the Prolia® group. A causal relationship to drug exposure has not been established. Denosumab is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

Please click here for Prolia® full Prescribing Information, including Medication Guide.

References

1. EVENITY® (romosozumab-aqqg) prescribing information, Amgen.
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Start EVENITY® first after a fracture to reduce the risk of another fracture in your patients[1]

The first and only bone builder with dual effect [1-3]

Simultaneously increases bone formation while reducing resorption to a lesser extent[1]

Significantly reduces risk of fracture[1]

EVENITY® followed by alendronate demonstrated significant reduction in risk of new vertebral and nonvertebral fracture vs alendronate alone[1]

Rapidly builds new bone across key sites in just 12 months[1]

BMD data results are not meant to imply fracture efficacy and should not be extrapolated to predict differences in fracture efficacy.

All Medicare Part B patients are covered* for EVENITY® with no prior authorization required[10,†]

EVENITY® can be administered in your office and is fulfilled through the traditional buy and bill pathway

Following completion of 12 monthly doses of EVENITY®, consider transitioning to an antiresorptive[1]

*Covered per the labeled indication.
†Based on DRG coverage data as of 02/2020.

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.

Please see additional EVENITY® Important Safety Information on page 13.

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