

| PA Criteria                                   | Criteria Details  |  |             |                            |       |                            |  |
|---|---|--|-------------|----------------------------|-------|----------------------------|--|
| <b>Covered Uses (FDA approved indication)</b> | Evenity is a humanized IgG2 monoclonal antibody and sclerostin inhibitor 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.  |  |             |                            |       |                            |  |
| <b>Exclusion Criteria</b>                     | Cumulative use of Evenity of more than 12 months is not covered.  |  |             |                            |       |                            |  |
| <b>Required Medical Information</b>           | Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment - AND - documentation confirming diagnosis (such as the results from bone scan).   |  |             |                            |       |                            |  |
| <b>Age Restriction</b>                        | None.   |  |             |                            |       |                            |  |
| <b>Prescriber Restrictions</b>                | Must be prescribed by endocrinologist.  |  |             |                            |       |                            |  |
| <b>Coverage Duration</b>                      | 12 months per lifetime.   |  |             |                            |       |                            |  |
| <b>Other Criteria/Information</b>             | Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 989 1511 1136"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J3111</td> <td>Evenity (romosozumab-aqqg)</td> <td><b>Billing unit: 1 mg</b><br/>105 mg/1.17 mL SD syringe</td> </tr> </tbody> </table> | HCPCS  | Description | Billing Units/How Supplied | J3111 | Evenity (romosozumab-aqqg) | <b>Billing unit: 1 mg</b><br>105 mg/1.17 mL SD syringe |
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| J3111   | Evenity (romosozumab-aqqg)  | <b>Billing unit: 1 mg</b><br>105 mg/1.17 mL SD syringe |             |                            |       |                            |  |

| STATUS   | DATE REVISED | REVIEW DATE | APPROVED/REVIEWED BY  | EFFECTIVE DATE |
|----------|--------------|-------------|---|----------------|
| Created  | 3/26/2025    | 3/26/2025   | Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG) | N/A            |
| Approved | N/A          | 8/21/2025   | Pharmacy & Therapeutics (P&T) Committee                       | 8/21/2025      |
|          |              |             |   |                |
|          |              |             |   |                |