

romosozumab-aqqg (Evenity)

HCPCS: J3111 Injection, romosozumab-aqqg, 1 mg (Evenity)

LOB:	MCAL
Duration of Approval:	12 months (Max: 12 doses per lifetime)
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	Yes
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Evenity (romosozumab-aqqg) injection

PA CRITERIA FOR APPROVAL:

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication
AND
2. The member is at high risk of fracture, defined as ONE of the following **(1, 2 or 3)**:
 - 1) A history of osteoporotic fractures
 - 2) T-score at the lumbar spine, total hip or femoral neck of ≤ -2.5 as evidenced via bone density scan
 - 3) T-score at the lumbar spine, total hip or femoral neck between -1 and -2.4 as evidenced via bone density scan
AND one of the following:
(Note: Use the Fracture Risk Assessment Tool [[FRAX calculation tool](#)] to calculate FRAX 10-year probability if score is not provided)
 - a) FRAX 10-year fracture probabilities: major osteoporotic fracture at $\geq 20\%$
 - b) FRAX 10-year fracture probabilities: hip fracture at $\geq 3\%$**AND**
3. The member has a history of failure to ONE bisphosphonate (such as alendronate, risedronate, ibandronate, zoledronic acid). If no trial of oral bisphosphonate due to contraindication/anticipated intolerance, medical justification is required as to why zoledronic acid cannot be used **AND**
4. The member has a history of failure, contraindication or reasons for intolerance to denosumab, teriparatide or abaloparatide **AND**
5. The member does NOT have any of the following:
 - a. Myocardial infarction or stroke within the last year
 - b. Hypocalcemia

OTHER INFORMATION:

HCPCS	Description	Brand name
J3111	Injection, romosozumab-aqqg 1mg	Evenity

REFERENCES:

1. Evenity Prescribing Information. www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Evenity/evenity_pi_hcp_english.pdf. 01/2026.
2. Qaseem A, et al. Pharmacologic Treatment of Primary Osteoporosis or Low Bone Mass to Prevent Fractures in Adults: A Living Clinical Guideline from the American College of Physicians. Annals of Internal Medicine. 2023; 176 (2): 224-238. [pmc.ncbi.nlm.nih.gov/articles/PMC10885682/pdf/nihms-1965874.pdf](https://pubmed.ncbi.nlm.nih.gov/articles/PMC10885682/pdf/nihms-1965874.pdf)
3. Camacho P, et al. AACE/ACE Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis- 2020 Update. Endocrine Practice. 2020; 26 (Suppl 1): 1-46. [pro.aace.com/sites/default/files/2020-05/Vol%2026%20Supplement%201%20\(May%202020\)%20GL-2019-0524_0.pdf](https://pro.aace.com/sites/default/files/2020-05/Vol%2026%20Supplement%201%20(May%202020)%20GL-2019-0524_0.pdf)
4. Evenity Prior Authorization Tip Sheet. Amgen Inc. [USA-785-82125 EVENITY-Prior-Authorization-Tip-Sheet.pdf](#)

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P&T APPROVAL HISTORY

1. August 2019 P&T Drug Review

UMC Review: 4/2026