Request for Romosozumab (Evenity) for treatment of osteoporosis Exceptional Access Program (EAP)

Ontario Rheumatology Association

Not for Paediatric Cases

To avoid delays, please ensure that all appropriate information for each section is provided.

Section 1 – Physician Information

First Name	Initial	Last Name

Street #	Street Name

City	Postal Code

Fax	Telephone

Section 2 – Patient Information

First Name	Initial	Last Name

Ontario Health Insurance Number

Gender	Current Weight (kg)
◯ Male ◯ Female	

Date of Birth (DD/MM/YYYY)

Section 3 – Drug Requested

Romosozumab (Evenity) 105 mg/1.17 mL DIN 02489597

Dosage Requested:

☐ Initial Request ***Renewals will not be considered**

Section 4 – Clinical Information

Initial Criteria

For the treatment of osteoporosis in postmenopausal women meeting ALL of the following criteria:

☐ **1.** History of osteoporotic fracture; **AND**
Number of previous fractures:

☐ **2.** Site of osteoporotic fracture; **AND**
Site of previous fractures:

☐ **3.** Is at a high risk for future fracture. Please include a copy of FRAX assessment AND FRAX score AND bone mineral density (BMD); **AND**
List lowest T score: **site**:

☐ **4.** Treatment naïve to osteoporosis medications except for calcium and/or vitamin D (if intolerant, please explain in question 6.); **AND**

☐ **5.** This drug (Romosozumab) will not be funded or used in combination with any other osteoporosis medications, except for calcium and/or vitamin D.

☐ **6.** Include any other information that would assist in evaluation.

List of Previous Therapies

☐ Bisphosphonate therapy | Duration:

☐ Denosumab therapy | Duration:

☐ Other: | Duration:

Recommended dose: 210 mg subcutaneously once every month for 12 doses.

Medication start date (if applicable): (DD/MM/YYYY)

Approval duration: 12 months (A maximum of 12 monthly doses will be reimbursed.)

Renewals will not be considered

Physician Signature (Mandatory)	CPSO Number	Date (DD/MM/YYYY)

Please fax the completed form and/or any additional relevant information to **416-327-7526** or toll free **1-866-811-9908**; or send to the Drug Programs Branch, 3rd Floor, 5700 Yonge Street, North York, Ontario, M2M 4K5.

For any patient under 25 please fax to OHIP + at 1-844-227-6590.

For copies of EAP forms, please visit: **http://ontariorheum.ca/drug-forms-and-codes/eap-forms**