This material is intended for healthcare professionals only.

EVENITY®
(romosozumab) injection

After a recent fragility fracture, BUILD BONE RAPIDLY WITH EVENITY FIRST to help prevent new fractures[1–3*]

Artist rendering of bone imagery for illustrative purposes only.

*In the EU, EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture.[1] Licensed indication may vary between countries. Please consult your local prescribing information before prescribing any drug. **Prescribing information is available on the last page of this material.** Adverse events should be reported. Reporting forms and information can be obtained from your local regulatory authority. Adverse events should also be reported to UCB.

There is a critical need to help prevent subsequent fractures in your postmenopausal osteoporosis (PMO) patients[4]

PMO patients are at an increased risk of a subsequent fracture, especially in the first year post fracture.[5]

A postmenopausal woman's risk of a secondary fracture is increased by 5x in the year following an initial fracture.[5]

5x

Among PMO patients with a hip fracture,

more than 1 in 3 (38.0%) had already suffered a previous fracture.[4]

Analysis of 35,146 women aged 55–90 years who suffered an index fragility fracture in 2013 from Swedish national registries. The cumulative incidence of new fractures within 12 and 24 months following index fracture was assessed.[4]

The possible impact of fragility fractures on quality of life[6]

- Pain
- Inability to participate in usual activities
- Functional decline
- Loss of independence

Impact of fracture data are adapted from a cross-sectional study in osteoporosis patients from the United States by Gold T, et al. 2019.[6]

Postmenopausal women who may benefit from EVENITY have severe osteoporosis and are at high risk of fracture[1]

- Recently diagnosed with severe postmenopausal osteoporosis after a vertebral fracture[1]
- High risk of another fracture[1]
- T-score: -2.9 at lumbar spine, -2.5 at femoral neck[2]
- No history of myocardial infarction or stroke*[1]
- Normal blood calcium*[1]

This patient profile is hypothetical and not based on real patients, patient images are used for illustrative purposes only.

*In the EU, EVENITY is contraindicated in patients with hypersensitivity to the active substance(s) or any excipients, hypocalcaemia or a history of myocardial infarction or stroke.[1]

EVENITY is the first and only sclerostin inhibitor with the dual effect of building bone and reducing resorption[1,2,7,8]

Help strengthen your patients' bones with EVENITY first for 12 months then transition to an anti-resorptive, such as alendronate or denosumab, to extend the benefit achieved by EVENITY beyond 12 months[1–3]

Build bone with EVENITY first for 12 months[1–3]

Demonstrated significant fracture risk reduction vs alendronate:[1,2]

4.03% absolute risk reduction
50% relative risk reduction

P<0.001 **in new vertebral fractures at Month 24** with romosozumab-to-alendronate vs alendronate alone (co-primary endpoint)*

Romosozumab-to-alendronate showed a significant risk reduction in fractures vs alendronate alone at primary analysis (median 33 months):[1,2]

- **9.7% vs 13.0%** incidence of clinical fracture (co-primary endpoint; nominal P<0.001)†
- **8.7% vs 10.6%** incidence of non-vertebral fracture (nominal P=0.040)†
- **2.0% vs 3.2%** incidence of hip fracture (nominal P=0.02)†

Rapid and significant improvements in BMD vs alendronate and vs teriparatide[1,2,9]

Romosozumab improved BMD vs alendronate alone (P<0.001)‡[1,2] and vs teriparatide (primary endpoint; P<0.0001)§ in just 12 months[9]

*There was a 4.03% ARR (95% CI: 2.50, 5.57), 50% RRR (95% CI: 34, 62) in new vertebral fractures with romosozumab-to-alendronate vs alendronate alone at Month 24. Incidence of new vertebral fracture at Month 24 was 4.1% (n=74/1,825) with romosozumab-to-alendronate vs 8.0% (n=147/1,834) with alendronate alone (adjusted P<0.001).[1,2,10] †At primary analysis (median follow-up approximately 33 months) incidence of clinical fracture was 9.7% (n=198/2,046) with romosozumab-to-alendronate vs 13.0% (n=266/2,047) with alendronate alone (nominal P<0.001), incidence of non-vertebral fracture was 8.7% (n=178/2,046) with romosozumab-to-alendronate vs 10.6% (n=217/2,047) with alendronate alone (nominal P=0.040), and incidence of hip fracture was 2.0% (n=41/2,046) with romosozumab-to-alendronate vs 3.2% (n=66/2,047) with alendronate alone (nominal P=0.02).[1,2,10] ‡In the ARCH study, patients receiving romosozumab had greater gains in BMD from baseline at all measured sites and all time points than patients receiving alendronate alone. Gains were achieved by Month 12 and maintained at Month 36 after transition from romosozumab to alendronate (P<0.001 for all comparisons).[1,2] §In the STRUCTURE study, the mean percentage change from baseline in areal BMD by DEXA scan at the total hip through Month 12 was 2.6% in the romosozumab group vs -0.6% in the teriparatide group. (3.2% difference [95% CI: 2.7, 3.8; P<0.0001]).[9]

The safety profile and tolerability of EVENITY was assessed across 19 clinical development programmes[11]

Summary and frequency of adverse events from the romosozumab Phase 3 clinical trial programme:[1]

Frequency	Adverse reaction	MedDRA System Organ Class
Very common	Nasopharyngitis	Infections and infestations
	Arthralgia	Musculoskeletal and connective tissue disorders
Common	Sinusitis	Infections and infestations
	Hypersensitivity*	Immune system disorders
	Rash	Immune system disorders
	Dermatitis	Immune system disorders
	Headache	Nervous system disorders
	Neck pain	Musculoskeletal and connective tissue disorders
	Muscle spasms	Musculoskeletal and connective tissue disorders
	Injection site reactions†	General disorders and administration site conditions
Uncommon	Urticaria	Immune system disorders
	Hypocalcaemia‡	Metabolism and nutrition disorders
	Stroke§	Nervous system disorders
	Cataract	Eye disorders
	Myocardial infarction§	Cardiac disorders
Rare	Angioedema	Immune system disorders
	Erythema multiforme	Immune system disorders

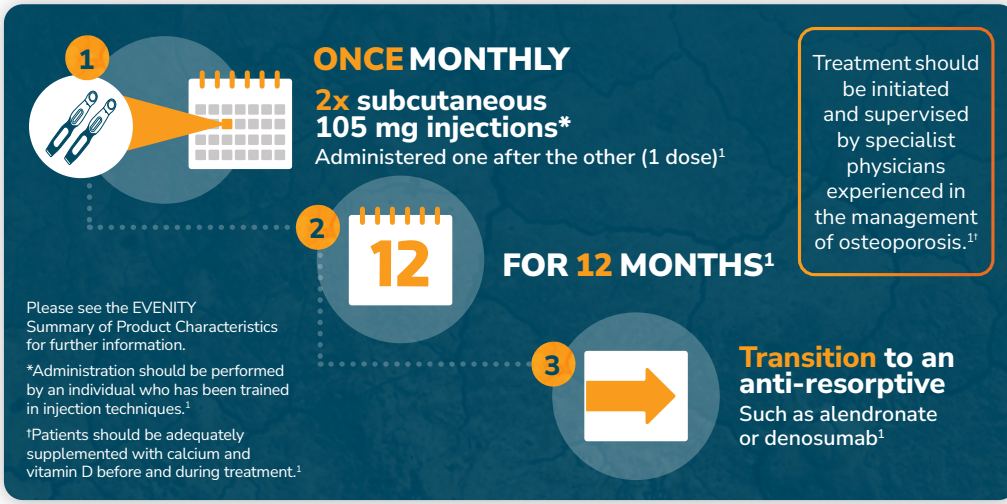
Adapted from the EVENITY (romosozumab) Summary of Product Characteristics.[1]

Romosozumab is contraindicated in patients with hypersensitivity to the active substance(s) or any excipients, hypocalcaemia or a history of MI or stroke.[1]

Frequencies are defined as: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000).[1]

*Please refer to Contraindication and Special Warnings and Precautions in the Summary of Product Characteristics for more information. †The most frequent injection site reactions were pain and erythema.[1] ‡Defined as albumin adjusted serum calcium that was below the lower limit of normal. §Please refer to Myocardial infarction, stroke and mortality in the Summary of Product Characteristics for more information.[1]

A treatment journey that keeps life moving[1]



UK Prescribing Information

EU SmPC

ARCH study design: The ARCH study is a Phase 3 multicentre, multinational, randomised, double-blind study assessing the safety and efficacy of EVENITY (n=2,046) vs alendronate (n=2,047) in 4,093 postmenopausal women who were diagnosed with severe osteoporosis and had suffered previous fractures. Patients were assigned randomly in a 1:1 ratio to receive monthly subcutaneous EVENITY injection (210 mg) or weekly oral alendronate (70 mg) in a blinded fashion for 12 months, followed by open-label alendronate in both groups. Primary endpoints included the cumulative incidence of new vertebral fractures through Month 24 and the cumulative incidence of clinical fractures (non-vertebral and symptomatic vertebral fracture) at primary analysis (after clinical fractures had been confirmed in ≥330 patients).[2]

STRUCTURE study design: The STRUCTURE study was a randomised, Phase 3b, open-label, active-controlled, parallel group study in 436 women aged ≥55 to ≤90 years with postmenopausal osteoporosis who have received a previous oral bisphosphonate at least 3 years before screening and alendronate the year before screening. Patients were randomised (1:1) to receive once monthly 210 mg subcutaneous EVENITY (n=218) or once daily 20 µg subcutaneous teriparatide (n=218). The primary endpoint of percentage change from baseline in areal BMD by DEXA scan at the total hip through Month 12.[1,9]

Acronyms:

ARR, absolute risk reduction; **BMD,** bone mineral density; **CI,** confidence interval; **DEXA,** dual-energy X-ray absorptiometry; **HCP,** healthcare professional; **MedDRA,** Medical Dictionary for Regulatory Activities; **MI,** myocardial infarction; **RRR,** relative risk reduction.

References:

1. EVENITY (romosozumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/evenity-epar-product-information_en.pdf. Accessed January 2026. **2.** Saag KG, et al. N Engl J Med. 2017;377(15):1417–27. **3.** Cosman F, et al. Osteoporos Int. 2022;33(6):1243–56. **4.** Toth E, et al. J Bone Miner Res. 2020;35(5):861–68. **5.** van Geel TACM, et al. Ann Rheum Dis. 2009;68(1):99–102. **6.** Gold T, et al. J Drug Assess. 2019;8(1):175–183. **7.** Cosman F, et al. N Engl J Med. 2016;375(16):1532–43. **8.** Rosen CJ. N Engl J Med. 2017;377(15):1479–80. **9.** Langdahl BL, et al. Lancet. 2017;390(10102):1585–94. **10.** Saag KG, et al. N Engl J Med. 2017;377(15):1417–27. (Supp). **11.** EVENITY European Public Assessment Report. Available at: https://www.ema.europa.eu/en/documents/assessment-report/evenity-epar-public-assessment-report_en.pdf. Accessed: January 2026.

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Inspired by patients.
Driven by science.

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