Palmetto INFUSION

MRN:_____

Phone: 1-800-809-1265 Fax: 1-866-872-8920 **DOB:** _____

STANDARD Evenity™ (romosozumab-aqqg) PLAN OF TREATMENT

(Re) Certification Period From_____**to** _____

NOTE: Patient ***may be ineligible*** to receive Evenity™ with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy.

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies: _____

3. Diagnosis: *** Please complete the 2nd and 3rd digits to complete the ICD-10 code for billing**

☐ M80.0___ Age-related Osteoporosis with current pathological fracture

☐ M81.0 Age-related Osteoporosis without current fractures

☐ Other **ICD-10 Code:** _____**Diagnosis description:**_____

4. History: Is the patient on Calcium and Vitamin D replacement? ☐ Yes ☐ No

(It is recommended that patients should be adequately supplemented with Calcium and Vitamin D while on Evenity.)

5. Orders:

☐ Evenity™ 210mgTotal Dose monthly for 12 months.

(Administer as two separate 105 mg subcutaneous injections only to upper arm, upper thigh, or abdomen)

Clinical Lab Monitoring: *Monitor* ***serum Calcium level and hold dosing if serum Calcium sub-therapeutic.***

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

6. Physician's Signature: _____/ _____Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____NPI: _____

7. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com

Revised 5/13/19, per PI 42019

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Guidelines for Prescribing Evenity™(romosozumab-aqqg)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:** _____

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-7)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- **EVENITY is a 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.**
- **Please include documentation regarding treatment history to include: Inadequate response or intolerance to oral bisphosphonates, presence or history of osteoporotic fractures, low bone mass (T-score more than 2.0 standard deviations below premenopausal mean; 2.5 for Medicare patients)**

___ If patient is switching bisphosphonate therapies, then MD must specify wash-out period prior to starting Evenity™ as specified of _____ weeks. Last known therapy: _____and last date received: _____.

___ Other as requested: _____

Pre-Screening:

___ Serum Calcium level required
___ Dexa Scan results showing osteoporosis
___ Routine Oral exam

----------WARNINGS AND PRECAUTIONS----------

• Major Adverse Cardiac Events (MACE): 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 symptoms of MI and stroke and seek prompt medical attention if symptoms occur. If a patient experiences a myocardial infarction or stroke during therapy, EVENITY should be discontinued (5.1) • Hypersensitivity: Hypersensitivity reactions, including angioedema, erythema multiforme, dermatitis, rash, and urticaria. Discontinue EVENITY if a clinically significant allergic reaction occurs. (5.2) • Hypocalcemia: Adequately supplement calcium and vitamin D during treatment with EVENITY. (5.3) • Osteonecrosis of the Jaw: Monitor for symptoms. Consider discontinuation of therapy based on benefit-risk assessment. (5.4) • Atypical Femoral Fracture: Evaluate new or unusual thigh, hip, or groin pain to rule out an incomplete femur fracture. (5.5) EVENITY is not indicated for use in women of reproductive potential.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.

Revised 5/13/19, per PI 642019