

MRN: _____

DOB: _____

STANDARD Evenity™ (romosozumab-aqqg) PLAN OF TREATMENT

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:** _____

CONFIDENTIAL Property of Palmetto Infusion / CONFIDENTIAL Property of Palmetto Infusion / CONFIDENTIAL Property of Palmetto Infusion

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™ 210mg Total 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: _____

MRN: _____

DOB: _____

Guidelines for Prescribing Evenity™(romosozumab-aqqg)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

___ Include signed and completed **Plan of Treatment**.

___ 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.



Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center 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.