



Phone: 1-800-809-1265 Fax: 1-866-872-8920

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| Referral Status: | MRN: |
| <input type="checkbox"/> New referral | <input type="checkbox"/> Order change |
| <input type="checkbox"/> Patient preferred clinic: | <input type="checkbox"/> Order Renewal |

Evenity™ (romosozumab-aqqg) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

| | |
|-----------------------------------|-------------------------------|
| Date of Referral: | Patient's Phone: |
| Patient Name: | Address: |
| Date of Birth: | City, State, Zip: |
| Height in inches: | Weight: LB or KG |
| Gender: | Allergies: |
| <input type="checkbox"/> See list | <input type="checkbox"/> NDKA |

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

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|---|
| M80.0 - Age-related Osteoporosis with current pathological fracture |
| M81.0 - Age-related Osteoporosis without current fractures |
| - Other: |

REQUESTED DOCUMENTATION:

| | | |
|--|------------------|--|
| 1 Insurance information | IF NO: | IF YES: Number of injections administered: |
| 2 Most recent History & Physical | PLEASE STATE | LAST INJECTION DATE: |
| 3 Full medication list | REQUIRED WASHOUT | NEXT INJECTION DATE: |
| 4 Tried and failed therapies | FROM PREVIOUS | IF ORDER CHANGE: |
| 5 Serum Calcium level required | THERAPY: | <input type="checkbox"/> Continue current order until insurance approved |
| 6 DEXA Scan results showing Osteoporosis | | |

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive Evenity™ with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy. ONJ has been reported in patients on romosozumab-aqqg. A routine oral exam is recommended to be performed by the prescriber prior to start of romosozumab-aqqg treatment.

DOSE/FREQUENCY:

☒ Evenity™ 210mg Total Dose given subcutaneously monthly
(Administer as two separate 105 mg subcutaneous injections only to upper arm, upper thigh, or abdomen)
Prescriber clearance waived for recent or planned dental procedures.

LAB PARAMETERS: (Pharmacist to perform clinical lab monitoring)

Serum Calcium is below normal range: dose will be held unless written clearance is provided by MD

SPECIAL ORDERS:

☐

☒ Refills x 12 total doses unless noted otherwise here:

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



PRESCRIBER INFORMATION:

| | |
|-------------------|--------|
| PROVIDER NAME: | PHONE: |
| ADDRESS: | FAX: |
| CITY, STATE, ZIP: | NPI: |

PRESCRIBER SIGNATURE: (No stamp signatures)

DATE

| | | |
|---|------------------------|--|
| | | |
| Dispense as written/Brand medically necessary | Substitution permitted | |