

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

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)

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

REQUIRED DOCUMENTATION:	PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?
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 FROM PREVIOUS THERAPY: NEXT INJECTION DATE:
4 Tried and failed therapies	IF ORDER CHANGE:
5 Serum Calcium level required	<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	