

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:
	See list
	NKDA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> 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:

1	Insurance information	IF NO:	IF YES:
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	<b>IF ORDER CHANGE:</b>
5	Serum Calcium level required	THERAPY:	
6	DEXA Scan results showing Osteoporosis		
			<b>Continue current order until insurance approved</b>

### 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)

### CONTINUATION OF THERAPY:

Continuation of therapy: Patient has received \_\_\_ doses with previous provider; Palmetto Infusion Services to provide the remainder of subsequent doses as noted above.

### 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:

\_\_\_\_\_

Prescriber clearance waived for recent or planned dental procedures.

Refills x 12 total doses unless noted otherwise here:

### NURSING ORDERS:

Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.

### 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	