

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 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:

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	IF ORDER CHANGE:
5	Serum Calcium level required	THERAPY:	
6	DEXA Scan results showing Osteoporosis		
			Continue current order until insurance approved

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:

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.

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	