

Evenity (Romosozumab-aqqg)
Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Age related Osteoporosis without current pathological fracture ICD 10 Code: M81.0
 Age related Osteoporosis with current pathological fracture ICD 10 Code: M80.0

Required Tests

- DEXA Scan (within 12 months & attach results)
 Serum Creatinine and Serum Calcium (within 1 month & attach results)

Pre-Medication Orders

- Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
 Diphenhydramine (Benadryl) 25mg 50mg PO IV
 Methylprednisolone (Solu-Medrol) 125mg IV
 Ondansetron (Zofran) 4mg 8mg PO IV
 Other: _____ Route: _____
 Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation.

Special Instructions / Notes

Evenity Medication Order

Patient Weight: _____ KG

Dosage - Subcutaneous Injection
 210mg - Administered as two injections 105mg each

Frequency
 Once per month

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____