



### 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
- Other: \_\_\_\_\_      ICD 10 Code: \_\_\_\_\_

**Required Tests (within 12 months & attach results)**

DEXA Scan Results & Date: \_\_\_\_\_  
Dental Exam Results & Date: \_\_\_\_\_  
Serum Creatinine and Serum Calcium Level & Date: \_\_\_\_\_

**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 and Progress Notes

**Provider Information**

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_