



Romosuzumab-aqqg (Evenity)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment

- ☐ Age-related Osteoporosis with current Pathological Fracture (M80.0)
 - ☐ Check if indicated due to a low-trauma hip fracture
- ☐ Osteitis Deformans of Unspecified Bone (M88.9)
- ☐ Other Osteoporosis without current Pathological Fracture (M81.8)

Orders

- ☒ Provide REMS sheet to patient
- ☒ CALCIUM – confirm level is within normal limits, must be corrected prior to treatment
- ☒ Romosuzumab-aqqg (Evenity) 210 MG (2 SYRINGES – 105 MG EACH) SUBCUTANEOUSLY ONCE EVERY MONTH for 12 months. Must be scheduled 28 days apart. (J3111 : 1 MG = 1 unit)

Infusion Reaction

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

- ☒ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

DATE: _____
10672512

TIME: _____

PHYSICIAN'S SIGNATURE