

Romosozumab-aqqg (Evenity®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVe Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____ kg Height: ____ cm Allergies: _____		Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____	
Diagnosis Diagnosis Code (ICD-10): _____ Indication: _____ Target start date: _____		Labs (every 30 days prior to treatment) <input type="checkbox"/> Albumin <input type="checkbox"/> Calcium <input type="checkbox"/> Creatinine, serum <input type="checkbox"/> Other: _____	
Note to provider: All patients with Romosozumab-aqqg (Evenity®) prescribed should receive 500-1000 mg Calcium and 600-800 IU Vitamin D daily per prescribing information (note: Calcium is best absorbed if doses greater than 500 mg are divided).			
Hold and notify physician if: Patient has severe hypocalcemia (albumin-adjusted calcium below 7 mg/dL). Calcium level should be corrected prior to initiation of treatment.			
Romosozumab-aqqg (Evenity®) 210 mg via subcutaneous injection every 30 days Note to Nurse: Two separate syringes (two separate subcutaneous injections) are needed to administer the total dose of 210 mg. Inject in the abdomen, thigh, or upper arm.			
Pre-Medications and Pre-Protocol (ordered at physician discretion)		Hydration	
<input type="checkbox"/> Acetaminophen 650 mg PO once <input type="checkbox"/> Loratadine 10 mg PO once <input type="checkbox"/> Diphenhydramine once <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Famotidine 20 mg IV once <input type="checkbox"/> Hydrocortisone 100 mg IV once <input type="checkbox"/> Methylprednisolone 125 mg IVP once <input type="checkbox"/> Other: _____		<input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other _____ _____ mL at _____ mL/hr <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following	

An Outpatient Department of Trinity Health Oakland
9400 Village Place Blvd, Brighton, MI 48116
Phone: 810-844-7373
Fax: 810-844-7366

Flushing Protocol (pre and post medication)	<input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL as needed for line care	<input type="checkbox"/> Heparin _____ Units/mL _____ mL as needed for line care						
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 							
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Provider Name: _____</td> <td style="width: 50%;">Provider Signature: _____</td> </tr> <tr> <td>Attending Physician Name: _____</td> <td>Provider NPI: _____</td> </tr> <tr> <td>Office Phone Number: _____</td> <td>Office Fax Number: _____</td> </tr> </table> <p><i>(If ordering provider is an advanced practice practitioner)</i> <i>Note: This order is valid for 12 months from date of physician signature.</i></p>			Provider Name: _____	Provider Signature: _____	Attending Physician Name: _____	Provider NPI: _____	Office Phone Number: _____	Office Fax Number: _____
Provider Name: _____	Provider Signature: _____							
Attending Physician Name: _____	Provider NPI: _____							
Office Phone Number: _____	Office Fax Number: _____							