



 Evenity (romosozumab-aqqg) Injection Order Form

 405-442-7577  405-442-7223

 orders@premierinfusioncenter.com

 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

◆ **Diagnosis (ICD-10 Selection)**

- ☐ M81.0 – Age-related osteoporosis without current pathological fracture
- ☐ M80.00XA – Age-related osteoporosis with current pathological fracture, initial encounter
- ☐ M80.00XS – Age-related osteoporosis with current pathological fracture, sequela
- ☐ Other: _____ **ICD-10 Code:** _____

◆ **Injection Order**

- ☐ 210 mg subcutaneous injection once monthly × 12 doses
- ☐ Administer as two separate 105 mg injections
- ☐ Injection sites: abdomen, thigh, or upper arm
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

◆ **Adverse Reaction & Anaphylaxis Orders**

- ☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
- ☐ Other – please fax preferred reaction orders to 405-442-7223

◆ **Premedication (Optional)**

- ☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Loratadine: ☐ 10 mg ☐ PO
☐ Famotidine: ☐ 20 mg ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ **Laboratory Monitoring**

- ☐ Calcium level (≥ 8.3 mg/dL within 90 days of first dose)
☐ CBC ☐ CMP ☐ Creatinine
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

◆ **Clinical Documentation Checklist**

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ DEXA scan (T-score ≤ -2.5) or fracture history

◆ **Ordering Provider & Demographics**

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / ____ / ____