



Patient Name:
 DOB:
 Date of Last Infusion
 Insurance:

Clinic Location:
 Merrimack, NH
 Concord, NH

Evenity (romosozumab-aqqg) Orders

Diagnosis (please provide ICD-10 code in space provided):	
_____ Post-menopausal osteoporosis <small>(ICD-10)</small>	_____ Other: _____ <small>(ICD-10)</small>
Provider: Please confirm patient has NOT had an MI or stroke in the past year by checking here (<input type="checkbox"/>)	
Recent calcium level: _____ mg/dl Date of result: _____ (please include copy)	

Nursing Orders

- Hold treatment and notify provider for:
 - Hold for hypocalcemia at initiation of treatment.
 - Ensure patient is taking daily calcium supplement
 - MI or stroke in the last year
 - Planned/recent invasive dental procedures
 - Jaw, thigh or groin pain, or dermatologic changes since starting Evenity
 - A history of severe bone, muscle or joint pain following Evenity injections

Administer **Evenity 210mg subcutaneously** in the upper arm, abdomen or upper thigh.
 Provided as 2 separate 105mg/1.17ml prefilled syringes. Do not administer injections at same site, must be rotated.

Frequency:

- Repeat once a month for 12 months
- Other: _____

Observation Period:

- Following initial Evenity injection, observe patient for 15 minutes for hypersensitivity. Patients who have previously received and tolerated Evenity do not require observation period.
- If reaction occurs, initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____