

Evenity (romosozumab-aqqg) Injection Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) Age-related osteoporosis without current pathological fracture M81.0

Age-related osteoporosis with current pathological fracture M80.0 NKDA Allergies: _____

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

TRIED AND FAILED MEDICATIONS:

- Fosamax
- Boniva
- Actonel
- Evista
- Reclast
- Contraindications to above:

REQUIRED TESTING/LABS:

- Clinical/Progress Notes supporting primary diagnosis (please attach)
- DEXA scan results and date (please attach):

- Calcium level and date (please attach most recent CMP):

EVENITY ORDERS

DOSING:

- Evenity 210mg (two 105mg prefilled syringes) subcutaneous injections

FREQUENCY:

- Once a month for 12 doses

Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

REFILLS:

- _____
(if not indicated prescription will expire one year from date signed)

Provider Name

Provider Signature

Date