

Randolph Health Order Form: Evenity® (romosozumab-aqqg)

<b>1. PATIENT AND INSURANCE INFORMATION</b>			
<b>Patient Name:</b>			
<b>Date of Birth:</b>		<b>Patient Phone Number:</b>	
<b>Primary ins:</b>		<b>Policy #:</b>	<b>Ph #:</b>
<b>Secondary ins:</b>		<b>Policy #:</b>	<b>Ph #:</b>
• <b>Fax the following information to SPU @ 336-629-8844</b>			
1. Most recent office note	2. Medication List	3. Completed Evenity Order Form (this form)	4. Copies of required labs (see below for requirement)
5. Summary of benefits	6. Pre-authorization (if required)		

**CLINICAL INFORMATION AND PATIENT EDUCATION:**

**\*\* ALL REQUIREMENTS BELOW MUST BE COMPLETED AND THE CORRESPONDING BOX MUST BE CHECKED BEFORE ROMOSOZUMAB-AQQG (EVENTITY®) INJECTION CAN BE SCHEDULED. \*\***

<b>2.</b>	SPECIFY DIAGNOSIS: <input type="checkbox"/> Senile osteoporosis, postmenopausal osteoporosis (ICD-10 #M81.0) <input type="checkbox"/> Osteoporosis, other (ICD-10 #M81.8) <input type="checkbox"/> Osteoporosis, unspecified (ICD-10 #M81.0) INCLUDE ANY ADDITIONAL OR SECONDARY DIAGNOSES AND ICD-10 CODES BELOW:		
<b>3.</b>	Serum calcium level or ionized calcium level within or above normal limits – ATTACH LAB RESULT OBTAINED <b>WITHIN THE LAST 60 DAYS</b>		
<b>4.</b>	Patient has no contraindications to Evenity® (hypocalcemia, or hypersensitivity to any component of romosozumab-aqqg).		
<b>5.</b>	Evenity® may increase the risk of myocardial infarction, stroke, and cardiovascular death. Evenity® <b>SHOULD NOT</b> be initiated in patients who have had a myocardial infarction or stroke within the preceding year.		
<b>6.</b>	Patient has been instructed regarding calcium and vitamin D supplementation		
<input checked="" type="checkbox"/> <b>EVENTITY® (ROMOSOZUMAB-AQQG) 210 MG TO BE INJECTED AS TWO SEPARATE 105 MG INJECTIONS SUBCUTANEOUSLY ONCE MONTHLY FOR _____ DOSES. (IF NOT SPECIFIED, ORDER WILL BE FOR 12 DOSES. MAXIMUM OF 12 MONTHS WITH NO RENEWAL. GIVEN IN THE SPECIAL PROCEDURES UNIT OF THE OUTPATIENT CENTER</b>			
<input checked="" type="checkbox"/> <b>Basic Metabolic panel (BMP) and Calcium level on day of injection for doses 2, 4, 6, 8, and 10 (ongoing monitoring for adverse events). May give dose before labs resulted.</b>			
<input checked="" type="checkbox"/> <b>Provide patient with Evenity® medication guide.</b>			
Practitioner Office Phone:		Practitioner Office Fax:	Office Contact:
<b>7.</b>	Practitioner Printed Name:		
<b>8.</b>	Practitioner Signature:	<b>9.</b>	Date:
<b>10.</b>	Time:		
<b>RANDOLPH HEALTH USE ONLY :</b>			
<b>Injection scheduled for:</b>		<b>DATE:</b>	<b>TIME:</b>

