

# Romozumab (Evenity) Order Form

SOMC Cancer Center & Infusion

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## PATIENT & PRESCRIBER INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Patient Address: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_  lbs.  kg. Allergies: \_\_\_\_\_

Prescriber Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Prescriber NPI #: \_\_\_\_\_

**REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy**

## DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- May substitute mandated or preferred biosimilar as necessary.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

\_\_\_\_\_ AND \_\_\_\_\_

### Diagnosis (Check all that apply)

- Osteoporosis in postmenopausal women at high risk for fractures
- Other (Please Specify) - \_\_\_\_\_

### Dose:

- Romozumab-aqqg (Evenity) 210 mg (= 2x 105 mg/1.17 mL injection) SubQ, Monthly x 12 doses

PROVIDER:

DATE:

TIME:

SIGNATURE: