

Evenity Injection Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: A calcium level must be completed within 3 months of the first injection and repeated prior to the 2nd injection. Creatinine within 3 months of each treatment. (If outside of Atrium, please fax with order. Required prior to scheduling.)

Injection Therapy:

Evenity (romosozumab-aqqg) **210mg** SC

Frequency: every 4 weeks x 12 doses

Location: RUE _____ LUE _____ (*for RN use*)

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Calcium level within 3 months prior to the 1st injection and 1 week prior to the 2nd injection. If the level is low, check with the ordering provider prior to administering Evenity.
- Confirm patient has not had a stroke or cardiac event in the past year or during treatment with Evenity.
- Confirm root canals, implants, or invasive dental work recently.
- Notify provider if Creatinine Clearance less than 30mL/min

Injection Monitoring:

- Obtain vital signs pre-injection and post-injection.
- Monitor for signs of reaction for 30 mins after completion of 1st injection and subsequent injections PRN if previous signs of reaction observed.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: