

## **Trinity Health Muskegon & Shelby Infusion Clinics**

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444 Shelby: 72 S. State St. Shelby, MI 49455

Fax: 231-727-4328

## Romosozumab-aqqg (Evenity®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date:/ Site of Service:   TH Muskegon  TH Shelby	
<b>Referral Status:</b> □ New Referral □ Dose or Frequency Change □ Renewal	
Patient Name:  Date of Birth:/  Weight:kg	Primary Insurance:  Member ID: Secondary Insurance: Member ID:
Diagnosis  Diagnosis Code (ICD-10): Indication: Target start date:	Labs (every 30 days prior to treatment)  Albumin Calcium Creatinine, serum Other:
NOTE TO PROVIDER: All patients with Romosozumab-aqqg (Evenity®) prescribed should receive 500-1000 mg Calcium and 600-800 IU Vitamin D daily per prescribing information (note: Calcium is best absorbed if doses greater than 500 mg are divided).  Hold and notify physician if: Patient has severe hypocalcemia (albumin-adjusted calcium below 7 mg/dL). Calcium level should be corrected prior to initiation of treatment.  Pre-medications:  No routine pre-medications are given. Pre-medications may be ordered at physician discretion.  Other:	
Romosozumab-aqqg (Evenity®) 210 mg via subcutaneous injection every 30 days  Note to Nurse: Two separate syringes (two separate subcutaneous injections) are needed to administer the total dose of 210 mg. Inject in the abdomen, thigh, or upper arm.  Nursing Orders: Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN.	
Provider Name:  Office Phone Number:	Provider Signature:  Office Fax Number:
Attending Physician Name: (If ordering provider is an advanced practice practitioner)  Note: This order is valid for 12 months from date of physician signature.	

Reviewed: Oct 2023