Trinity Health Muskegon & Shelby Infusion Clinics
Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444
Shelby: 72 S. State St. Shelby, MI 49455
Fax (shared): 231-672-3970

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

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ **Date of Birth**: ____/____/____ **Weight:** _____kg **Height:** _____cm **Allergies:** _____	**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: _____ Provider Signature: _____

Office Phone Number: _____ 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.