

EVENTITY (romosozumab-aqqg) Injection Orders

Patient Name: _____ DOB: _____ ☐ M ☐ F

☐ NKDA Allergies: _____

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____ Provider NPI: _____

Practice Phone: _____ Practice Fax: _____

Diagnosis *(please provide ICD-10 code):*

☐ _____ Age-related osteoporosis **without** current pathological fracture

☐ _____ Age-related osteoporosis **with** current pathological fracture

☐ _____ *(other)*

Tried and Failed Medications:

- ☐ Actonel
☐ Boniva
☐ Evista
☐ Fosamax
☐ Reclast
☐ Contraindications to above: _____

Required Documents:

- ☒ Patient Demographic Sheet
☒ Clinical/Progress Notes supporting primary diagnosis *(please attach)*
☒ DEXA Scan results & date *(please attach)*
☒ Calcium level & date *(please attach)*

Has the patient had a myocardial infarction or stroke within the preceding 12 months? ☐ Yes ☐ No

EVENTITY ORDERS:

Dosing: ☐ 210mg (two 105mg prefilled syringes) SQ

Frequency: ☐ once a month for 12 doses ☐ once a month for _____ doses

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: _____ Date: _____