Physician's Orders
ROMOSUZUMAB (EVENITY) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
- Interval: Every 28 days

Duration:
- Until date: __________
- 1 year
- 12 Treatments
- _____# of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description ______________

Height _______(cm) Weight _______(kg) Allergies ____________________________

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Appointment Requests
- Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after injection and possible labs

Safety Parameters and Special Instructions
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

ROMOSUZUMAB (EVENITY):
Limitations of use: The anabolic effect of romosozumab wanes after 12 monthly doses of therapy. Therefore, the duration of romosozumab use should be limited to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered.

Ensure adequate calcium and vitamin D intake; if dietary intake is inadequate, dietary supplementation is recommended.

Romosozumab may increase the risk of MI, stroke, and cardiovascular death and should not be initiated in patients who have had an MI or stroke within the previous year.

Romosozumab is not indicated for use in females of reproductive potential.

Labs
- Calcium, Blood Level, Total
  Interval: Every 28 days
  Duration: 12 treatments

- Albumin, Blood Level
  Interval: Every 28 days
  Duration: 12 treatments

- Calcium Ionized, Blood Level
  Interval: Every 28 days
  Duration: 12 treatments

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### ROMOSUZUMAB (EVENITY) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

<table>
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<tbody>
<tr>
<td>Magnesium, Blood Level</td>
<td>Every 28 days</td>
<td>12 treatments</td>
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<td>Every ___ days</td>
<td>___ # of treatments</td>
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<td>Every ___ days</td>
<td>12 treatments</td>
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<tr>
<td>Phosphorus, Blood Level</td>
<td>Every 28 days</td>
<td>12 treatments</td>
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<td>Every ___ days</td>
<td>___ # of treatments</td>
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<td>Every ___ days</td>
<td>12 treatments</td>
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<tr>
<td>Calcitriol (1,25 Dihydroxyvitamin D), Serum</td>
<td>Every 84 days</td>
<td>3 treatments</td>
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<td>Every ___ days</td>
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<td>Every ___ days</td>
<td>3 treatments</td>
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<tr>
<td>Vitamin D 25 Hydroxy</td>
<td>Every 84 days</td>
<td>3 treatments</td>
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<td>12 treatments</td>
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**Additional Lab Orders**

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<tr>
<td>Labs:</td>
<td>Every ___ days</td>
<td>Until date: _______</td>
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<td>Once</td>
<td>1 # of Treatments</td>
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**Medications**

- **romosozumab-aqgg (EVENITY) 105 MG/1.17ML subcutaneous prefilled syringe 210 mg**
  - 210 mg, Subcutaneous, Once, Starting S, For 1 Doses
  - Each monthly dose consists of 2 consecutive SubQ injections. Administer into the abdomen, thigh, or outer area of upper arm. Rotate injection sites; if the same injection site is chosen, do not inject into the same spot used for the first injection.
  - Remove 2 syringes from carton and allow to sit at room temperature for at least 30 minutes before administration.

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**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.