Spectrum Health

Physician's Orders ROMOSUZUMAB (EVENITY) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

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

		Interval	Duration
☐	Calcium, Blood Level, Total	☐ Every 28 days ☐ Every ___ days ☐ Once	☐ 12 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, STAT, Clinic Collect, Blood, Blood, Venous		
☐	Albumin, Blood Level	☐ Every 28 days ☐ Every ___ days ☐ Once	☐ 12 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Calcium Ionized, Blood Level	☐ Every 28 days ☐ Every ___ days ☐ Once	☐ 12 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		

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NOTE: ***Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.***

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ROMOSUZUMAB (EVENITY) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

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		Interval	Duration
☐	Magnesium, Blood Level	☐ Every 28 days ☐ Every ___ days ☐ Once	☐ 12 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Phosphorus, Blood Level	☐ Every 28 days ☐ Every ___ days ☐ Once	☐ 12 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Calcitriol (1,25 Dihydroxyvitamin D), Serum	☐ Every 84 days ☐ Every ___ days ☐ Once	☐ 3 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Vitamin D 25 Hydroxy	☐ Every 84 days ☐ Every ___ days ☐ Once	☐ 3 treatments ☐ ___# of treatments ☐ Once
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		

Additional Lab Orders

		Interval	Duration
☐	Labs: _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Medications

☑ romosozumab-aqqg (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.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 07/16/20

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