BioPlus® Infusion

Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/_____
Date of Last Infusion: ____/____/_____ Height_____ Weight_____
Infusion Location: (state and site) _____

Evenity (romosozumab-aqqg) Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Post-menopausal osteoporosis (ICD-10)

_____ Other: _____ (ICD-10)

☐ Provider: Please confirm patient has NOT had an MI or stroke in the past year by checking box

Recent calcium level: _____ mg/dl Date of result: _____ (please include copy)

Nursing Orders

-Hold treatment and notify provider for:

- Hold for hypocalcemia at initiation of treatment
- Ensure patient is taking daily calcium and Vitamin D supplement
- Planned/recent invasive dental procedures
- Jaw, thigh or groin pain, or dermatologic changes since starting Evenity
- A history of severe bone, muscle or joint pain following Evenity injections

Evenity 210mg subcutaneously in the upper arm, abdomen or upper thigh.

Provided as 2 separate 105mg/1.17ml prefilled syringes. Rotate site with each injection.

Frequency:

☐ Repeat once a month for 12 months

☐ Other: _____

Observation Period:

-Following initial Evenity injection, observe patient for 15 minutes for hypersensitivity. Patients who have previously received and tolerated Evenity do not require observation period.

-If reaction occurs, initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Provider Name (print)_____ Date:_____

Provider Signature: _____ Time: _____