

EVENTITY® (ROMOSUZUMAB-AQGG) PRESCRIBER ORDER FORM

Patient Name:	Date of Birth:
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Address:

Phone:	Height:	<input type="checkbox"/> Inches <input type="checkbox"/> cm	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg
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Clinical Information

Primary Diagnosis Description:	ICD-10 Code:
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EVENTITY® (romosozumab-aqgg) Prescription

EVENTITY® (Romosozumab-aqgg) 210mg injected subcutaneously in the upper arm, upper thigh, or abdomen by a healthcare professional once every month. Refill x 1 year.

A full dose of EVENTITY requires two single-use prefilled syringes

Ancillary Orders

Anaphylaxis Kit

If this is a 1st dose, would you like Option Care Health to provide an anaphylaxis kit with the 1st dose?

Yes No

- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SUBQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Lab Orders

No labs ordered at this time.

Other: _____

Skilled nurse to assess and administer as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ **Date:** _____

Prescriber Information

Prescriber Name:	Phone:	Fax:
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Address:	NPI:
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City, State:	Zip:	Office Contact:
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Fax completed form, insurance information, and clinical documentation to:

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