MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

EVENITY (ROMOSOZUMAB-aqqg)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

❑ New Referral ❑ Dose or Frequency Change ❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)

Preferred Location: ❑ Montgomery ❑ Prattville

DIAGNOSIS AND ICD 10 CODE

❑ Age related Osteoporosis without current pathological fracture	ICD10 Code: M81.0
❑ Age related Osteoporosis with current pathological fracture	ICD10 Code: M80.0
❑ Other Diagnosis:_______________________________________	ICD10 Code: ____________________

REQUIRED DOCUMENTATION/TESTING

❑ This signed order form by the provider	❑ Clinical/Progress notes
❑ Patient demographics AND insurance information	❑ Labs and Tests supporting primary diagnosis
❑ Serum calcium level	❑ DEXA scan results and/or FRAX score
❑ Documentation of oral hygiene	

❑ **TRIED AND FAILED** therapies, including duration of treatment (specifically bisphosphonates):

❑ Actonel (Risedronate)	❑ Boniva (Ibandronate)	❑ Evista (Raloxifene)
❑ Forteo (Teriparatide)	❑ Fosamax (Alendronate)	❑ Miacalcin (Calcitonin)
❑ Reclast (Zolendronic acid)	❑ Estrogen injections/ supplements	❑ Testosterone injections/ supplements
❑ Progesterone injections/ supplements	❑ Prednisone or other steroids	❑ Synthroid or any thyroid medicine
❑ Any calcium supplements or Tums	❑ Any generic medicine for osteoporosis	❑ Other: ______________________

❑ Patient has previously received Evenity. Date of Last Dose:_________________

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Dosing	❑ Evenity 210mg Subcutaneous Injection once monthly up to a max of 12 monthly injections total (given as two injections of 105mg each)

Refills: ❑ x 6 months ❑ x 1 year ❑ _____doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION

Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.