

Evenity 210 mg subq every month for 12 months

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment :

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 180 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 30 days		12 treatments
Until discontinued Starting when released Until Specified			
Osteonecrosis of the jaw (ONJ) has been reported, especially with long-term treatment or concurrent use of drugs associated with ONJ. Baseline oral assessment should be performed in all patients, consider preventative dentistry measures in at-risk patients (eg, invasive dental procedures, cancer, radiation therapy, concomitant chemotherapy or steroid treatment, anemia, coagulopathy, poor oral hygiene, baseline dental disease or infection).			
☒ Provider communication	Every 30 days		12 treatments
Until discontinued Starting when released Until Specified			
HYPOcalcemia must be corrected prior to initiating treatment. Adequately supplement calcium and vitamin D during treatment.			

In the setting of severe renal impairment, consider monitoring serum calcium more frequently.

Romosozumab is contraindicated in patients that have had stroke or myocardial infarction in the last 12 months.

Labs

☒ hCG, serum, qualitative	Every 30 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Inclusion conditions: Patient could become pregnant			
☒ Comprehensive metabolic panel	Every 90 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Magnesium	Every 90 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Phosphorus	Every 90 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Vitamin D 25 hydroxy	Every 90 days		Until discontinued

	Interval	Defer Until	Duration
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood			
Nursing Orders			
☒ Treatment conditions	Every 30 days		Until discontinued
Until discontinued Starting when released Until Specified			
Hold treatment and notify provider if:			
Calcium LESS THAN lower limit of normal (Use corrected calcium if albumin LESS THAN 4 g/dL)			
eGFR LESS THAN 30 ml/min			
Therapeutic Medications			
☒ romosozumab (Evenity) injection 210 mg	Every 30 days		12 treatments
210 mg, subcutaneous, Once, Starting when released			
Administered as 2 separate consecutive injections in separate sites. Administer in the abdomen, thigh, or upper arm. Do not inject into areas where the skin is tender, bruised, red, or hard.			
Remove from fridge and allow to sit at room temperature for 30 minutes prior to administering.			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released			
If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released			
If hypersensitivity reaction occurs:			
- Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible			
- Start 2 liters oxygen per nasal cannula and maintain airway			
- Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			

	Interval	Defer Until	Duration
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 30 days	12 treatments
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**