



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the **x** to remove the pre-checked option.

ROMOSOZUMAB-AQQG (EVENTITY) MONTHLY INJECTION [11500894] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Provider Communication

Interval

- Physician Communication Once
Correct calcium prior to initiation of treatment. Ensure patient taking adequate calcium and vitamin D supplementation during therapy.

Labs

Interval

- Comprehensive Metabolic Panel At Baseline (if not already completed), then at month 6 and 12 of treatment

Supportive Care

Interval

- ROMOSOZUMAB-AQQG (EVENTITY) Route: Subcutaneous
Dose 210 mg Frequency Every 28 Days x 12

Nursing Orders

Interval

- Nursing Communication Every Visit
Remind patient of good dental hygiene and to avoid invasive dental procedures.
- Nursing Communication Every Visit
Draw CMP at baseline, wait for lab result. If corrected calcium is less than 8.5, hold treatment and contact provider. Draw CMP at month 6 and 12 of treatment: Do not wait for lab result to proceed with treatment. If calcium is less than 8.5, contact provider for instruction.

Emergency Medications

Interval

- diphenhydrAMINE (BENADRYL) injection 25-50 mg PRN Route: Intramuscular
25-50 mg Once As Needed Intramuscular, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg, and notify provider.

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5044-DT (12/08/2024)

ROMOSOZUMAB-AQQG (EVENTITY) MONTHLY INJECTION

- X albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.
- X methylPREDNISolone sod suc(PF) (Solu-MEDROL) PRN Route: Intramuscular
 Injection 125 mg
125 mg Once As Needed Intramuscular, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Do not inject into deltoid.
- X EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and notify provider, For 1 dose.

Provider Signature	Date	Time
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Provider's Printed Name:

Place Patient Label Here	Page 2 of 2 EHR5044-DT (12/08/2024) ROMOSOZUMAB-AQQG (EVENITY) MONTHLY INJECTION
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