

## ROMOSOZUMAB-AQQG (EVENTITY) MONTLY INJECTION [11500894] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Provider Communication Orders	Interval
<input type="checkbox"/> Provider Communication	Once
<i>Correct calcium prior to initiation of treatment. Ensure patient taking adequate calcium and vitamin D supplementation during therapy.,</i>	

Supportive Care	Interval
<input type="checkbox"/> romosozumab-aqqg (EVENTITY) 210mg/2.34mL (105mg /1.17mLx2) syringe 210 mg	Every 28 days    Route: Subcutaneous
<i>Dose _____ Frequency _____</i>	

Nursing Communication	Interval
<input type="checkbox"/> Nursing Communication	Every visit
<i>Remind patient of good dental hygiene and to avoid invasive dental procedures.</i>	
<input type="checkbox"/> Nursing Communication	Every visit
<i>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.,</i>	

Labs	Interval
<input type="checkbox"/> Comprehensive Metabolic Panel	Once
<i>Prior to starting treatment</i>	
<input type="checkbox"/> Treatment Lab Instructions	PRN
<i>Prior to starting treatment</i>	

Emergency Medications	Interval
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN    Route: Intramuscular
<i>25 to 50 mg Once As Needed Intramuscular Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IM dose for a total of 50 mg, and notify provider</i>	
<input type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff	PRN    Route: Inhalation
<i>2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available., Starting when released, Administer with a spacer if available.</i>	
<input type="checkbox"/> methylPREDNISolone sod suc (PF) (Solu-MEDROL) injection 125 mg	PRN    Route: Intramuscular
<i>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 (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, Do not inject into deltoid.</i>	

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Provider Signature \_\_\_\_\_ EHR User ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Initials \_\_\_\_\_

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EPINEPHrine (ADRENALIN) injection 0.5 mg                      PRN                      Route: Intramuscular

*0.5 mg Once As Needed Intramuscular Other, 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*

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**ROMOSUZUMAB-AQQG (EVENTY) MONTLY INJECTION**

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