

PROLIA (DENOSUMAB) ORDERS

PATIENT INFORMATION

Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____ Phone: _____ Allergies: _____
 City, State, Zip: _____ Email: _____

REFERRAL STATUS

New Referral
 Dose or Frequency Change
 Order Renewal

DIAGNOSIS AND ICD-10 CODE

Osteoporosis in women or men at high risk of developing fracture ICD-10 Code: _____
 Diagnosis: _____ ICD-10 Code: _____

REQUIRED DOCUMENTATION

- | | |
|---|---|
| <input type="checkbox"/> This signed order form by the provider
<input type="checkbox"/> Patient demographics AND insurance information
<input type="checkbox"/> H&P and Clinical/Progress notes supporting primary diagnosis | <input type="checkbox"/> Calcium drawn and noted to be WNL and results sent
<input type="checkbox"/> DEXA scan results and/or FRAX score |
|---|---|

List Tried & Failed Therapies, including duration of treatment:

- 1) _____
- 2) _____

MEDICATION ORDERS

Prolia 60mg SubQ every 6 months x1 dose*

** 1 dose is allowed to be ordered per referral form. Referring physician is responsible for monitoring and reviewing serum Calcium level prior to dose of Prolia.*

*** Clinical monitoring of calcium, phosphorus, and magnesium is highly recommended in patients with severe renal impairment Adequately supplement all patients with Calcium and vitamin D.*

PREMEDICATION ORDERS

<input type="checkbox"/> Acetaminophen 650mg PO prior to infusion <input type="checkbox"/> Diphenhydramine 25mg PO prior to infusion	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
 Acetaminophen 325mg-650mg PO
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.3mg IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
 Diphenhydramine 25mg slow IV push over 2-5 mins
 Acetaminophen 325mg PO
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI Number: _____
 Office Phone: _____ Office Fax: _____
 Prescriber Signature: _____ Date: _____