Prolia (Denosumab) Referral Form

REQUIRED INFORMATION

☐ This signed order form from the provider
☐ Patient demographics and insurance information
☐ Dexa Scan (-2.5 T score or more severe)—if no -2.5 T score, please send history of fracture documentation
☐ Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis (ICD-10 below)
☐ Documentation of any tried and failed therapies
☐ **Required labs**: Calcium within 30 days if first dose, Calcium within 6 months if subsequent dose

Patient Name:	**DOB:**	**Weight:**

Allergies: ☐ **NKA**	**Patient Phone:**

Diagnosis:

☐ Senile Osteoporosis (ICD-10 _____)
☐ Glucocorticoid-induced osteoporosis (ICD-10 _____)
☐ Paget's disease of bone (ICD-10 _____)
☐ Other (ICD-10 _____)

Drug to Dispense: ☐ Prolia 60 mg subcutaneous injection every 6 months

Refill: ☐ PRN x 1 year OR _____ times

Date of last Prolia injection: ☐ N/A ☐ _____

Patient is currently taking calcium/vitamin D supplementation ☐ Yes ☐ No

Required routine labs to be drawn by ☐ Infusion Center ☐ Referring Physician

Labs: _____ Frequency: _____

In patients with advanced CKD *(i.e., eGFR <30 mL/min/1.73 m^2, including patients on dialysis):* Monitor serum calcium weekly for the first month after initiation and then at least monthly thereafter.

In Patients **without** CKD but **with** risk factors for hypocalcemia and mineral metabolism disturbances *(e.g., hypoparathyroidism, thyroid/parathyroid surgery, small intestine excision, malabsorption, concomitant use of other calcium-lowering drugs):* Monitor serum calcium, phosphorus, and magnesium throughout therapy, and at least 10 to 14 days after each denosumab dose.

Supply Orders: ☐ Pharmacy to provide all supplies needed to complete therapy as prescribed

Nursing Orders: ☐ Pharmacy to provide nursing services: SN to administer in the home per package insert.
☐ May use Burnham's Vital Care anaphylaxis protocol

Additional Instructions:

Practitioner Name:	**Practitioner Signature:**	**Date:**

Practitioner Address: