

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>i.e.</i> , $eGFR < 30 \text{ mL/min/1.73 m}^2$, 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 (<i>e.g.</i> , 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:		

ALABAMA

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