

Prolia (Denosumab) Injection Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) Age-related osteoporosis without current pathological fracture M81.0

Age-related osteoporosis with current pathological fracture M80.0 NKDA Allergies: _____

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

TRIED AND FAILED MEDICATIONS:

- Fosamax
- Boniva
- Actonel
- Evista
- Reclast
- Contraindications to above:

REQUIRED TESTING/LABS:

- Clinical/Progress Notes supporting primary diagnosis (please attach)
- DEXA scan results and date (please attach):

- Calcium level and date (please attach most recent CMP):

PROLIA ORDERS

DOSING:

- Prolia (denosumab) subcutaneous injection 60mg/ml

FREQUENCY:

- Every 6 months

Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

REFILLS:

- _____

(if not indicated prescription will expire one year from date signed)

Provider Name

Provider Signature

Date

Hypocalcemia: Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia.

Prolia may cause fetal harm when administered to a pregnant woman. In women of reproductive potential, pregnancy testing should be performed prior to initiating treatment with Prolia.

Instruct patients to take calcium 1000 mg daily and at least 400 IU vitamin D daily.