

## PROLIA INJECTION ORDERS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION:

- ☐ M80.0 – Age-related osteoporosis w/current fracture
- ☐ M80.8 – Drug-induced osteoporosis with current fracture
- ☐ M81.0 – Age-related osteoporosis w/o current pathological fracture
- ☐ Z79.5 – Long-term use of steroids
- ☐ Z79.890 – Postmenopausal hormone replacement
- ☐ Other diagnoses: \_\_\_\_\_

### THERAPIES TRIED AND FAILED:

Bisphosphonates for osteoporosis with start and end dates and reasons for discontinuation (intolerance, contraindications, fractures, impaired kidney function):

\_\_\_\_\_

### REQUIRED ASSOCIATED DOCUMENTATION:

- ☐ Patient demographics ☐ Front/back of all insurance cards ☐ Current medication list
- ☐ Include clinical notes supporting one or more of the above diagnoses.
- ☐ Include DEXA scan results to support osteoporosis diagnosis: ☐ T-score of  $< -3.0$  overall, ☐ T-score of  $\leq -2.5$  in the lumbar spine, femoral neck, total proximal femur, or 1/3 radius, ☐ T-score between  $-1.0$  and  $-2.5$  and a fragility fracture of the proximal humerus, pelvis, or distal forearm.
- ☐ Include lab test results: ☐ CMP reflecting normal calcium levels and kidney function.
- ☐ Include all supporting diagnostic radiographic reports and images of fractures attributed to one or more of the above diagnoses.

**THERAPY ORDERS:** ☐ 60mg administered subcutaneously in the abdomen, upper arm, or upper thigh every six months. **REFERRING PROVIDER INFORMATION:**

Provider name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FAX COMPLETED FORM TO US INFUSIONS AT 469-200-2606**