LIFE SPECIALTY SOLUTIONS

PROLIA
(denosumab)
(Including biosimilar: Jubbonti)

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ EMAIL: _____

ALLERGIES: ☐ SEE LIST ☐ NKDA WEIGHT: ☐ LB OR ☐ KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Most Recent Labs 5. Medication List
6. DEXA Scan 7. Current Calcium Level (within 6 months) 7. CrCl clearance

PRIMARY DIAGNOSIS

☐ M80.00xA Age-related osteoporosis with current pathological fracture, initial encounter
☐ M80.00xS Age-related osteoporosis with current pathological fracture, sequela
☐ M81.0 Age-related osteoporosis without current pathological fracture
☐ Other _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

☑ Per infusion clinic protocol: There are no recommended standard pre-meds for Prolia
☐ Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Denosumab

☐ Denosumab 60mg Subcutaneously every 6 months x 2 doses ☐ Other: _____

FIRST DOSE?: ☐ Yes ☐ No ☐ Refill x12 months unless otherwise noted.

Prolia or biosimilar (Jubbonti) may be used according to payer guidelines. To prohibit auto-substitution, please indicate specific brand required: _____

ADVERSE REACTION & ANAPHYLAXIS ORDERS

☑ Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
☐ Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____

OFFICE CONTACT: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

✖ _____ _____

PROVIDER SIGNATURE DATE