

Email: intake@sageinfusion.com I Online: www.sageinfusion.com Serving Central and Southwest Florida

Prolia (Denosumab) Injection Orders

Patient Name:	DOB:	. D _{Male}	□ _{Female}
<u> </u>		rent pathological fracture M81.0	
Age-rel osteopor w current path fracture, unsp site, init. M80.00XA		□ NKDA Allergies:	
□ New Start Therapy □ Continuation of Therapy □ Date of last de		ose (if applicable):	
Ordering Provider Name:			
Ordering Provider Address:	City:	State: Zip Code	e:
TRIED AND FAILED MEDICATION		REQUIRED TESTING	/LABS:
☐ Fosamax ☐ Boniva ☐ Actonel ☐ Evista ☐ Reclast		Clinical/Progress Notes supporting primary	
NOTE: As of January 2023 most major Insurance plans require trial/failure of both oral and IV bisphosphonate therapy before approving		✓ DEXA scan results and date (please attach):	
Prolia treatment. These plans also request their preferred medication Reclast. If your patient has not tried and failed oral/IV bisphosphonate		Calcium level and date (please attach most recent CMP):	
and you still would like to pursue Prolia treatment,	please consider an	REFILLS:	
addendum, progress note or letter of medical necessity explaining why			
step therapy is not recommended/beneficial for the patient i.e contraindication, intolerance, allergy, etc		(if not indicated prescription will expire one year from date signed)	
PROLIA ORDERS			
DOSING:			
✓ Prolia (denosumab) subcutaneous injection (60mg/ml		
FREQUENCY: ✓ Every 6 months			
Sage Infusion Standing Orders: Provide treatment under Sage Infusion's Clinical Gradient Reactions.	uidelines, Medication Safet	Protocol, Emergency Guidelines, an	nd Action Plan for Infusion
Provider Name			
Provider Signature		 Date	