BIG SKY IV CARE
Infusion Pharmacy & Nursing
An Access Infusion Care Company

PROLIA (DENOSUMAB) ORDERS

PATIENT INFORMATION

Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____ Phone: _____ Allergies: _____

City, State, Zip: _____ Email: _____

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICD-10 CODE

☐ Osteoporosis in women or men at high risk of developing fracture ICD-10 Code: _____

☐ Diagnosis: ICD-10 Code: _____

REQUIRED DOCUMENTATION

☐ This signed order form by the provider

☐ Patient demographics AND insurance information

☐ H&P and Clinical/Progress notes supporting primary diagnosis

☐ Calcium drawn and noted to be WNL and results sent

☐ DEXA scan results and/or FRAX score

List Tried & Failed Therapies, including duration of treatment:

1)

2)

MEDICATION ORDERS

■ Prolia 60mg SubQ every 6 months x1 dose*

** 1 dose is allowed to be ordered per referral form. Referring physician is responsible for monitoring and reviewing serum Calcium level prior to dose of Prolia.*

*** Clinical monitoring of calcium, phosphorus, and magnesium is highly recommended in patients with severe renal impairment Adequately supplement all patients with Calcium and vitamin D.*

PREMEDICATION ORDERS

☐ Acetaminophen 650mg PO prior to infusion

☐ Diphenhydramine 25mg PO prior to infusion

☐ Other: _____

☐ Other: _____

EMERGENCY MEDICATIONS

☐ Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
Acetaminophen 325mg-650mg PO
Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
Epinephrine 0.3mg IM/SQ, may repeat x1
Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
Diphenhydramine 25mg slow IV push over 2-5 mins
Acetaminophen 325mg PO
Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI Number: _____

Office Phone: _____ Office Fax: _____

Prescriber Signature: _____ Date: _____

REV: 6/2025

Helena, MT
Phone: (406) 430-1265
Fax: (406) 752-0443

Kalispell, MT
Phone: (406) 752-0440
Fax: (406) 752-0443