



St. Clair Health
Pittsburgh, PA 15243

**Denosumab (Prolia) Injection
PHYSICIAN ORDER SET**

Patient Name: _____ Date of Birth: _____

Allergies: _____

Diagnosis: _____

ICD-10 Code: _____ Secondary ICD-10 Code, if applicable: _____

ICD-10 Code: M81.0 (Age-related osteoporosis without current pathological fracture)

M80.0 (Age-related osteoporosis with current pathological fracture)

Other (Specify ICD-10 Code) _____

Ordering Physician Name (please print): _____

REQUIRED FOR TREATMENT

Serum Calcium (Must be drawn within 30 days prior to administration of medication)

OBTAIN: Serum Calcium Additional Lab Testing _____

NOTIFY PHYSICIAN and HOLD denosumab (Prolia) if serum calcium is less than 8.5 mg/dL

denosumab (Prolia) TREATMENT ORDER

<i>Drug</i>	<i>Total Dose</i>	<i>Route</i>	<i>Schedule</i>
Denosumab (Prolia)	60 mg	Subcutaneous	Once every 6 months

Is patient currently taking Calcium and Vitamin D supplements? YES NO

Does patient have a history of hypocalcemia? YES NO
If YES, has this been corrected? YES NO

Also required from physician office:

- Most recent Bone Density Scan result
- Most recent History and Physical
- Most recent Physician Office Progress Note
- Insurance Authorization

Authorization # and Dates (from and to): _____

Physician Signature: _____ Date: _____ Time: _____

Physician Office Phone: _____ Fax: _____

FAX order and medical record documentation to (412) 942-3559