Trinity Health Muskegon & Shelby Infusion Clinics
Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444
Shelby: 72 S. State St. Shelby, MI 49455
Fax (shared): 231-672-3970

Denosumab (PROLIA®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: ____/____/____ **Site of Service**: ☐ TH Muskegon ☐ TH Shelby

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ **Date of Birth**: ____/____/____ **Weight:** _____kg **Height:** _____cm **Allergies:** _____	**Primary Insurance:** _____ **Member ID:** _____ **Secondary Insurance:** _____ **Member ID:** _____
Diagnosis Diagnosis Code (ICD-10): ☐ M81.0 ☐ Other _____ Indication: _____ Target start date: _____	**Labs** ☐ Calcium ☐ Albumin ☐ Other: _____ *(Calcium/albumin required within 30 days of treatment)*

NOTE TO PROVIDER: All patients with Denosumab (PROLIA®) prescribed should receive at least 1000 mg Calcium and 400 IU Vitamin D daily per prescribing information (note: Calcium is best absorbed if doses greater than 500 mg are divided).

Hold and notify provider:
Notify provider and hold at provider discretion for Ca <7 mg/dL. Calcium level should be corrected prior to initiation of treatment.

Pre-medications:
No routine pre-medications are given. Pre-medications may be ordered at physician discretion.
☐ Other: _____

℞ **Denosumab (Prolia) 60 mg** subcutaneous injection every 6 months
DO NOT SUBSTITUTE- use PROLIA® brand only

Nursing Orders:
Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary
sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN; meperidine injection 25 mg PRN

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner, attending physican name required)
Note: This order is valid for 12 months from date of physician signature.

Reviewed: Nov 2023