

# Osteoporosis Therapy

Infusion Order Form – Page 1 of 2



## Clinic Location

- Harbor Health Park Bend Clinic**  
2200 Park Bend Drive, Bldg. 2, Suite 204, Austin, TX 78758  
P: (512) 270-2104  
F: (512) 233-2288

## Patient Information

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## Provider Information

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Supporting Documents/Information (Please provide all of the following)

- Patient insurance information \_\_\_\_\_
- Patient medication list \_\_\_\_\_
- Supporting clinical notes (H&P) to support primary diagnosis:
  - Serum calcium within 6 months (required for all therapies)
  - Serum creatinine within 60 days (for Zoledronic Acid)
  - Serum alkaline phosphatase (Paget's diagnosis)
  - PTH; 25(OH) Vit D; 1,25 (OH)<sub>2</sub> Vit D (Prolia patients with GFR <30mL/min/1.73m<sup>2</sup>)\*
  - DEXA Scan (osteo)
  - CT scan/Xray (Paget's diagnosis)
  - Tried and failed therapies
- Has the patient had a documented contraindication/intolerance or failed trial of conventional therapy (i.e., oral and/or IV biphosphonate)?  Yes  No If yes, which drug(s)? \_\_\_\_\_
- Please indicate prior drug therapies:  Boniva  Forteo  Reclast  Prolia  Actonel  Evista  Fosamax  Other: \_\_\_\_\_  
Reason for discontinuation: \_\_\_\_\_
- Does the patient have a history of a minimal trauma fracture?  Yes  No If yes, location(s)? \_\_\_\_\_
- Patient is currently taking calcium/vitamin D supplementation  Yes  No
- Does the patient have a FRAX 10-year fracture probability of a major osteoporotic fracture at 20% or more OR a hip fracture at 3% or more?  Yes  No
- Pre-treatment t-score: \_\_\_\_\_ (Osteoporosis: -2.5 or worse, Osteopenia: -1.0 or worse)
- Include labs and/or test results to support diagnosis
- For Prolia injections, Negative pregnancy test if applicable. Prolia is contraindicated in pregnancy

Continued on page 2

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Infusion Order Form – Page 2 of 2



Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Orders

### NURSING

- Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
- Verify patient is not pregnant using urine dipstick test, if applicable. Prolia is contraindicated in pregnancy.

### THERAPY

- Zoledronic Acid** (contraindicated if CrCl <35ml/min)
  - Infuse over no less than 15 minutes
  - Dose:  5mg IV x 1 dose
  - Flush with 10ml of Normal Saline
  - Acetaminophen 650mg x 1 after infusion completion

### Prolia

Dose:  60mg subcutaneous injection every 6 months x 1 year

*\*Additional pre-injection and post-injection labs are required for patients with GFR <30mL/min/1.73*

### Evenity (not indicated for women with reproductive potential, or patients who have had a MI or stroke within the previous year)

Dose:  Evenity 210mg (2 syringes) subcutaneous injection once monthly x 12 doses

*\*If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered*

Patient is required to stay for 30-min observation

## Special Instructions

NOTES:

Provider Name (Print): \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_