

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)₂ Vit D (Prolia patients with GFR <30mL/min/1.73m²)*
 - 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

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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 or denosumab biosimilar as required by patient's insurance.**
 - **Preferred product to be determined after patient's benefit investigation.
 - 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: _____