





Phone: 1-800-809-1265 Fax: 1-866-872-8920

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

### Guidelines for Prescribing Prolia® (denosumab)

(Required documentation with all initial referrals)

Patient Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

\_\_\_\_ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-7)  
(Infusion order forms & Standard Adverse Reactions orders are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com) under Agency/MD tab)

\_\_\_\_ Include patient demographic information and insurance information. (Copy of insurance cards if available)

\_\_\_\_ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- Prolia® is indicated for: • Treatment of postmenopausal women with osteoporosis at high risk for fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer
- **Please include documentation regarding treatment history to include: Inadequate response or intolerance to oral bisphosphonates, presence or history of osteoporotic fractures, low bone mass (T-score more than 2.0 standard deviations below premenopausal mean; 2.5 for Medicare patients)**

\_\_\_\_ If patient is switching bisphosphonate therapies, then MD must specify wash-out period prior to starting Prolia® as specified of \_\_\_\_\_ weeks. Last known therapy: \_\_\_\_\_ and last date received: \_\_\_\_\_.

\_\_\_\_ Other as requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Pre-Screening:

\_\_\_\_ BMP results required within last 30 days

**\*\* Warnings/Precautions:** Patients receiving Prolia® should not receive XGEVA® • **Hypersensitivity:** including anaphylactic reactions may occur. Discontinue permanently if a clinically significant reaction occurs • **Hypocalcemia:** Must be corrected before initiating therapy. May worsen, especially in patients with renal impairment. • **Osteonecrosis of the jaw:** Has been reported with Prolia®. Monitor for symptoms • **Atypical femoral fractures:** Have been reported. Evaluate patients with thigh or groin pain to rule out a femoral fracture • **Multiple vertebral fractures:** have been reported following therapy discontinuation, consider transitioning to another antiresorptive agent if Prolia® is discontinued • **Serious infections** including skin infections: May occur, including those leading to hospitalization. Advise patients to seek prompt medical attention if they develop signs or symptoms of infection, including cellulitis • **Dermatologic reactions:** Dermatitis, rashes, and eczema have been reported. Consider discontinuing, if severe symptoms develop • **Severe bone, joint, muscle pain:** may occur, discontinue use if severe symptoms develop • **Suppression of bone turnover:** Significant suppression has been demonstrated, monitor for consequences of bone over suppression. **Renal impairment:** No dose adjustment is necessary in patients with renal impairment. Patients with creatinine clearance < 30 mL/min or receiving dialysis are at risk for hypocalcemia. **Pregnancy:** Prolia® is contraindicated in women who are pregnant. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

**Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.**