

# Prolia® and Xgeva® (Denosumab) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.  
**Fax completed form, insurance information and clinical documentation to 414-260-7368.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_  inches  cm Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

## Prolia® (Denosumab) Prescription

Prolia® (Denosumab) 60mg injected subcutaneously in the upper arm, upper thigh, or abdomen by a healthcare professional once every 6 months. Refill x 1 year.

## Xgeva® (Denosumab) Prescription

Xgeva® (Denosumab) 120mg every 4 weeks injected subcutaneously in the upper arm, upper thigh, or abdomen by a healthcare professional. Refill x 1 year.

Xgeva® (Denosumab) 120mg every 4 weeks with additional 120mg doses on days 8 and 15 of the first month of therapy. Inject subcutaneously in the upper arm, upper thigh, or abdomen by a healthcare professional. Refill x 1 year.

## Ancillary Orders

### Anaphylaxis Kit

Treat per Froedtert Home and Specialty Infusion protocol.

### Lab Orders

No lab orders ordered at this time

Other: \_\_\_\_\_

**Skilled nurse to assess and administer as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.**

**I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

\_\_\_\_\_  
Prescriber Signature Date Time

\_\_\_\_\_  
Prescriber Name Phone Fax

\_\_\_\_\_  
Address NPI

\_\_\_\_\_  
City, State, Zip Office Contact



Original - Medical Records

**Froedtert Home and Specialty Infusion**  
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