

OSTEOPOROSIS MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

- M80.0 _____ Age-related osteoporosis w/ fx at _____ M81.0 Age-related osteoporosis w/o fx
 M81.8 Other osteoporosis w/o fx _____

Note: M80.0 requires the complete ICD-10 code, with 3 digits and a letter after the decimal. Some insurance carriers may not accept all such codes.

■ Details Needed for Authorization

- If female, does the patient have a BMD T-score ≤ -2.5 ? _____ Osteopenia with T-score between -1 and -2.5? _____
- Has the patient had a low-trauma spine or hip fracture? _____
- Has patient failed a trial on, or is intolerant to, bisphosphonate and/or other osteoporosis therapy? _____
- Is the patient considered at high risk of fracture? _____ Please provide all supporting documentation.
- Please provide the patient's most recent calcium levels. (Most insurers want results from the past 4 weeks.)
- Is the patient planning to concomitantly take parathyroid hormone analogs, RANK ligand inhibitors, or bisphosphonates? _____
- Will the patient be taking a daily supplement of at least 1000mg calcium and at least 400 IU vitamin D? _____

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home:

- Acetaminophen 500mg Diphenhydramine 50mg Cetirizine 10mg

IV medications to be administered prior to start of the infusion treatment (for infusions only, not for injections):

- Diphenhydramine 50mg Methylprednisolone _____ mg _____

■ Medication Order

Patient's height in ft/in: _____ Patient's weight in lbs: _____

- Boniva (ibandronate) 3mg IV injection over 15-30 seconds. Administer every 3 months for 1 year.
- Evenity (romosozumab-aqqg) 210mg SubQ injection. Administer every month for 1 year.
- Prolia (denosumab) 60mg SubQ injection. Administer every 6 months for 1 year.
- Reclast (zoledronic acid) 5mg in 100ml normal saline IV infusion over 30 minutes. One treatment, no refills.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.