

Bone Density Agents Order Form

Demographics

Patient Name: _____ Ordering Provider: _____
DOB: _____ NPI: _____
Phone number: _____ Primary Care Provider: _____
Allergies: _____ Insurance Information: _____
Height (in): _____ Weight (kg): _____

Referral Status

☐ New Referral
☐ Dose or Frequency Change
☐ Order Renewal

Has the patient been treated for this condition previously?
☐ No ☐ Yes, medication(s): _____
☐ Medications the patient has tried and failed: _____

Diagnosis

Diagnosis and ICD 10 Code(s):

- ☐ Age-related osteoporosis without a current pathological fracture M81.0
☐ Other osteoporosis without current pathological fracture M81.8
☐ Postmenopausal osteoporosis with pathological fracture M80.0 _____

Was the patient on treatment when they fractured? ☐ No ☐ Yes – please list medication(s): _____

☐ Other: _____

Required Documentation

Please include the following along with the order form:

- ☐ Patient Face Sheet
☐ Clinical/Progress notes (pertaining to the diagnosis code on the order, within 1 year)
☐ Please provide documentation that the patient is on calcium and vitamin D supplementation
☐ Comprehensive Metabolic Panel (within 1 year)
☐ DEXA scan results (within 2 years)

Medication Order

Drug: (Bone Density Agent)

- ☐ Oregon Specialty Infusion will determine the product based upon benefit investigation and payer preferred step therapies. Once the product has been identified, OSI will communicate back to the provider and ask for an updated order form to reflect the preferred product.
- ☐ Only use: Evenity (romosozumab-aqqg)- Two 105 mg sub-Q injections (Total of 210 mg) once every month for 12 months
- ☐ Only use: Prolia (denosumab) 60 mg, sub-Q injection every 6 months.
- ☐ Only use: Reclast (zoledronic acid) 5 mg IV once per year.
- ☐ For Evenity please draw CMP every 6 months
- ☐ For Prolia please draw CMP every 6 months
- ☐ For Reclast please draw CMP within 30 days of treatment.

Physician's Signature _____ Date _____

Provider Name: _____ Office Phone: _____ Office Fax: _____