



**Checklist for EVENITY or PROLIA Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Evenity / Prolia
  - Medication list and allergies
  - **All patients should be supplemented with calcium 1000 mg daily and at least 400 IU vitamin D daily**
- Supporting lab reports/imaging for Evenity / Prolia treatment
  - Serum calcium and vitamin D levels at baseline and continual monitoring
  - Serum evaluation of kidney function at baseline and continual monitoring: BUN/Cr, GFR
- Evenity / Prolia Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

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**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

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Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)

Email: [info@infusioncenterne.com](mailto:info@infusioncenterne.com)

**Infusion Center of New England**

9 Payson Road, Suite 100, Foxboro MA 02035

Ph: 781-551-5812

Fax: 508-698-8671



**Prescribing Order: Evenity (romosozumab) / Prolia (denosumab)**

Date of Order: \_\_\_\_\_  New Start  Maintenance  
Date of last injection: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

**Premedication:**

- Acetaminophen 1000mg PO
- Loratadine 10mg or Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Other: \_\_\_\_\_

**Medication Order**

- EVENITY 105mg/1.17ml x2 - Total dose 210mg**
  - Monthly x 12 months
  - Other: \_\_\_\_\_
- PROLIA 60mg/1ml**
  - Every 6 months
  - Other: \_\_\_\_\_

**Administration:**

- ✓ Administer Evenity / Prolia as a subcutaneous injection/s in the thigh, abdomen, or upper arm
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of reaction, follow NCNE infusion reaction protocol. Notify physician.

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Ordering Provider Name \_\_\_\_\_ NPI \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_