



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

PAGE 1

Evenity / Prolia - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting Evenity / Prolia treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed Evenity / Prolia prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- 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
- Serum calcium and vitamin D levels at baseline and continual monitoring

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



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Prescribing Order - Evenity (romosozumab) / Prolia (denosumab)

☐ New Start

☐ Maintenance

DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Other

MEDICATION ORDER

☐ EVENITY 105mg/1.17ml x2 - Total dose 210mg

☐ Monthly x 12 months

☐ Other

☐ PROLIA 60mg/1ml (or biosimilar as required by patient's insurance)

☐ Every 6 months

Other



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Prescribing Order - Evenity (romosozumab) / Prolia (denosumab) (continued)

ADMINISTRATION & MONITORING

- ✓ Administer Evenity / Prolia (or biosimilar) 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 GBiC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME	NPI	DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature