Authorization is granted to dispense and administer an alternate drug product acceptable to the medical staff's pharmacy committee unless the drug product is specifically circled.

Dose: _____________. Every 6 months x _____________. doses
(max 2 doses per order).

Treatment Date: Allergies/Reactions:

Patient has tried and failed bisphosphonate therapies: ______________________________________________________ (name of medication required)
Dose: _______________________________ From: (mm/yy) _______________________________ Therapy outcome: ___________________________

DEXA Scan T Score (Required): Date of Scan:

☐ Patient taking calcium supplementation
(Recommendation: Calcium 1000 mg + Vitamin D 400 IU per day and ≥50 years old: Calcium 1200-1500 mg + Vitamin D 800 IU per day)

REMS
☐ REMS Denosumab Medication Guide has been reviewed with patient and prescriber has documented in medical chart
☐ Patient has received Medication Guide to take home

Diagnosis (Required): ICD-10 Code (Required):

Senile Osteoporosis
Patients with osteoporosis who have failed or are intolerant to other available osteoporosis therapy
Must also choose one of the following:
☐ Must have - Age Related Osteoporosis w/o current

To increase bone mass in Female/Male
Must have All 3:
☐ Breast Cancer
☐ Osteopenia
☐ Use of aromatase inhibitors

To increase bone mass in Male
Must have All 3:
☐ Prostate Cancer
☐ Osteopenia
☐ Long term (current) use of other medications

Lab orders (unless otherwise specified): CMP within 1 month of treatment.

HOLD treatment & notify physician if:
- Corrected calcium < 8 mg/dL
  \( \text{Corrected Ca} = \frac{0.8 \times (4 \cdot \text{patient's albumin})}{\text{serum Ca level}} \)
- Ionized calcium < 1 mmol/L

Emetic Risk: Minimal
Monitor:
- Renal function
- For hypocalcemia (increased risk for CrCl ≤ 30 mL/min)
- For arthralgias/myalgias
- For osteonecrosis of jaw

Medication

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>ADMINISTRATION INSTRUCTIONS</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denosumab (Prolia) J code: J0897</td>
<td>60mg</td>
<td>Subcutaneous (Administer upper arm, upper thigh, or abdomen)</td>
<td>Every 6 months</td>
</tr>
</tbody>
</table>

If patient has a hypersensitivity reaction, begin hypersensitivity protocol, Policy 061.P016

Reference: LexiComp

The physician’s full signature(s) is to follow the order

Signature
Date
Time

Bisphosphonate: Denosumab (Prolia) Every 6 Months