


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 <i>(max 2 doses per order).</i>	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 M81.0

To increase bone mass in Female/Male Must have All 3 :	To increase bone mass in Male Must have All 3 :
--	---

<input type="checkbox"/> Breast Cancer	C50. _ _ _	<input type="checkbox"/> Prostate Cancer	C61
<input type="checkbox"/> Osteopenia	M85.80	<input type="checkbox"/> Osteopenia	M85.80
<input type="checkbox"/> Use of aromatase inhibitors	Z79.811	<input type="checkbox"/> Long term (current) use of other medications	Z79.899

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

HOLD treatment & notify physician if: <ul style="list-style-type: none"> Corrected calcium < 8 mg/dL <i>[Corrected Ca = (0.8 x (4 - patient's albumin))] + serum Ca level]</i> Ionized calcium < 1mmol/L 	Emetic Risk: Minimal Monitor: <ul style="list-style-type: none"> Renal function For hypocalcemia (increased risk for CrCl ≤ 30mL/min) For arthralgias/myalgias For osteonecrosis of jaw
--	--

MEDICATION	DOSAGE	ADMINISTRATION INSTRUCTIONS	FREQUENCY
Denosumab (Prolia) J code: J0897	60mg	Subcutaneous (Administer upper arm, upper thigh, or abdomen)	Every 6 months

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

PATIENT ID LABEL

 Signature Date Time

BISPHOSPHONATE: DENOSUMAB (PROLIA) EVERY 6 MONTHS