Denosumab (Xgeva)





Patient Name: Patient Address: Patient Email:	PATIENT INFORMATION	Referral Statu	ı s: □ New Re	eferral 🗆 Updated	Order
Allergies: NKDA Weight (libs/kg): Height (in/cm): Sex: M / F Date of Last Infusion: Next Due Date: Preferred Location: DIAGNOSIS (Please provide ICD-10 code in space provided) Post-menopausal osteoporosis: Bone metastasis, Associated with solid tumors: Multiple myeloma: Giant cell tumor of bone: Hypercalcemia of malignancy, Refractory to bisphosphonates: Other: Description: REQUIRED INFORMATION Description: REQUIRED INFORMATION Description: REQUIRED INFORMATION Choose one Other: Description: REQUIRED INFORMATION Choose one Other: Description: REQUIRED INFORMATION Choose one Other: LABORATORY ORDERS Other: LABORATORY ORDERS Other: LABORATORY ORDERS Other: LABORATORY ORDERS Other: Description: Description: Other: Descriptio	Patient Name:		DOB:	Patient	Phone:
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☐ Multiple myeloma/bone metastasis from solid tumor: ☐ Obtain serum creatinine and calcium level withing 14 days to each infusion ☐ Giant cell tumor of bone/hypercalcemia of malignancy: Administer denosumab (Xgeva) 120mg sub-q every 4 weeks with additional doses on day 8 and day 15 of the first month of treatment. ☐ Hypercalcemia of Malignancy: Administer denosumab (Xgeva) 120mg subcutaneously doses at Day 8 and 15 of the first month of therapy. MURSING ✓ Hybercalcemia or hypocalcemia or provider for: ADDITIONAL ORDERS ☐ Jaw mouth or tooth pain following treatments/Thigh or groin pain/fractures of the femur or vertebra or subcutaneously doses at Day 8 and 15 of the first month of therapy. ☐ Suspected regnancy ☐ Patient is also on Prolia. ☐ Jaw mouth or tooth pain following treatments/Thigh or groin pain/fractures of the femur or vertebra or suspected work. ☐ Jaw mouth or tooth pain following treatments/Thigh or groin pain/fractures of the femur or vertebra or suspected work. ☐ Jaw mouth or tooth pain following treatments/Thigh or groin pain/fractures of the femur or vertebra or suspected work. ☐ Jaw mouth or tooth pain following treatments/Thigh or groin pain/fractures of the femur or vertebra or suspected work. ☐ Continue with calcium and vitamin D supplements as instruction with calcium and vitamin D supplements as instruction by provider. ☐ Provider. ☐ Preferred Contact Management Protocol and post-procedure observation Preferred Contact Email: Preferred Contact Email: ☐ Provider NPI: Referring Practice Address: Phone					
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ADDITIONAL ORDERS ☐ Injection should be given in the upper arm, upper thigh, or abdomen. ☐ Continue with calcium and vitamin D supplements as instruity provider. ☐ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation Preferred Contact Name: Ordering Provider: ☐ Provider NPI: Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)	additional doses on day 8 and day 15 of the first month of treatment. Hypercalcemia of Malignancy: Administer denosumab (Xgeva) 120mg subcutaneously every 4 weeks with additional 120mg subcutaneously doses at Day 8 and 15 of the first month of		 Hold infusion and notify provider for: Hypercalcemia or hypocalcemia Patient is also on Prolia. Jaw mouth or tooth pain following treatments/Thigh, hip or groin pain/fractures of the femur or vertebra Suspected pregnancy 		
Preferred Contact Name: Preferred Contact Email: Ordering Provider: Provider NPI: Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)			 ☑ Injection should be given in the upper arm, upper thigh, or abdomen. ☑ Continue with calcium and vitamin D supplements as instructed by provider. ☑ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post- 		
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Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN includ treatment failures or contraindications with biphosphates, Reclast, Prolia, Evenity. History of GERD, fractures, T score Required Labs: Calcium and Vitamin D levels, Renal function	treatment failures or contraindications with bipho	osphates, Reclast, I	•	•	
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