

Denosumab (Prolia) Order Form

SOMC Cancer Center & Infusion

Ph: (740) 356-7490

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PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

LAB RESULTS: Serum Calcium _____ mg/dl Date of Serum Calcium Result _____
Serum Creatinine _____ mg/dl Date of Serum Creatinine Result _____
Creatinine Clearance Result _____

Per the Amgen Denosumab (Prolia) Prescriber Information Section 5.3 Hypocalcemia and Mineral Metabolism, it is highly recommended that labs be within 14 days of injection.

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- BMP (Basic Metabolic Panel) if not done within 14 days of scheduled Denosumab (Prolia) injection.**
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.**
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.**

AND

Diagnosis (Check all that apply)

- Age-related osteoporosis without current pathological fracture or osteoporosis at high risk for fracture
- Age-related osteoporosis with current pathological fracture /Fracture site (include laterality if applicable: _____)
- Other osteoporosis without current pathological fracture
- Personal history of healed pathological fracture
- Long term (current) use of systemic steroids causing osteoporosis
- Long term (current) use of aromatase inhibitors/Cancer site if applicable: _____
- Long term (current) use or other agents affecting estrogen receptors-estrogen levels/List rationale for other agent use: _____
- Long term (current) use of androgen deprivation therapy for non-metastatic prostate cancer
- Other (**Please Specify**) - _____

Dose:

- Denosumab (Prolia) 60mg SubQ, x 1 injection
- Denosumab (Prolia) 60mg SubQ, every 6 months, for 1 year

PROVIDER: _____ DATE: _____ TIME: _____ SIGNATURE: _____

**Southern Ohio
Medical Center**

Very Good things are happening here

DENOSUMAB

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