Palmetto INFUSION

MRN:_____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB: _____

STANDARD XGEVA® (denosumab) PLAN OF TREATMENT

NOTE: Patient ***may be ineligible*** to receive Prolia® if serum calcium levels are sub-therapeutic, receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection. Treat hypocalcemia, hypovitaminosis D, and other disturbance of bone and mineral metabolism before starting therapy.

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies: _____

3. Diagnosis: *** Please complete the 2nd and 3rd digits to complete the ICD-10 code for billing**

☐ C79.___ Secondary malignant neoplasm of _____

☐ C90.___ Multiple myeloma

☐ D48.0 Neoplasm of uncertain behavior of bone and articular cartilage ☐ E83.52 Hypercalcemia

☐ Other ICD-10 Code: _____Diagnosis description: _____

4. History: Is the patient on Calcium and Vitamin D replacement? ☐ Yes ☐ No

5. Orders:

☐ XGEVA® (denosumab) 120 mg subcutaneously every 4 weeks.

☐ XGEVA® (denosumab) 120 mg subcutaneously every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy.

(Administer as subcutaneous injection only to upper arm, upper thigh, or abdomen)

Clinical Lab Monitoring: ***Serum Calcium level to be done monthly by ordering physician; Pharmacist may hold dosing if serum Calcium sub- therapeutic.***

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

6. Physician's Signature: _____/ _____Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____NPI: _____

7. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com

Revised 9/18/19, per PI 5/2019

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DOB: _____

Guidelines for Prescribing Xgeva® (denosumab)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:** _____

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-7)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- Xgeva® is indicated for: • Treatment of postmenopausal women with osteoporosis at high risk for fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

___ If patient is switching bisphosphonate therapies, then MD must specify wash-out period prior to starting Prolia® as specified of _____ weeks. Last known therapy: _____and last date received: _____.

___ Other as requested: _____

Pre-Screening:

___ Serum Calcium level required within last 30 days

___ Pregnancy screening (Females of reproductive potential should be advised to use effective contraception during therapy, and for at least 5 months after the last dose)

** **Warnings/Precautions:** Same Active Ingredient: Patients receiving Xgeva should not take Prolia®. • Hypersensitivity reactions including anaphylaxis may occur. Discontinue permanently if a clinically significant reaction occurs. • Hypocalcemia: Xgeva can cause severe symptomatic hypocalcemia, and fatal cases have been reported. Correct hypocalcemia prior to initiating Xgeva. Monitor calcium levels during therapy, especially in the first weeks of initiating therapy, and adequately supplement all patients with calcium and vitamin D. • Osteonecrosis of the jaw (ONJ) has been reported in patients receiving Xgeva. Perform an oral examination prior to starting Xgeva. Monitor for symptoms. Avoid invasive dental procedures during treatment with Xgeva. • Atypical femoral fracture: Evaluate patients with thigh or groin pain to rule out a femoral fracture. • Hypercalcemia Following Treatment Discontinuation in Patients with Giant Cell Tumor of Bone and in Patients with Growing Skeletons: Monitor patients for signs and symptoms of hypercalcemia, and manage as clinically appropriate. • Multiple Vertebral Fractures (MVF) Following Treatment Discontinuation: When Xgeva treatment is discontinued, evaluate the individual patient's risk for vertebral fractures. • Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of potential risk to the fetus and to use effective contraception.
See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.

Revised 9/18/19, per PI 5/2019