MRN:_____

DOB: _____

STANDARD pamidronate disodium (generic for Aredia®) PLAN OF TREATMENT

NOTE: Single maximum dose of pamidronate disodium should not exceed 90mg. Infusion rates vary by indication and renal function. Longer infusion times may reduce risk of renal toxicity, especially in patients with preexisting renal insufficiency. Evaluation of calcium and vitamin D supplementation should be reviewed prior to start of therapy if indicated. Treatment will not be administered if the serum calcium is sub-therapeutic.

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

2. Allergies: _____

3. DIAGNOSIS: ☐ **Primary ICD-10 code:**_____**Diagnosis description:**_____

☐ **Secondary ICD-10 code:**_____**Diagnosis description:**_____

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

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

5. Order:

Aredia®_____mg in_____ml of Sodium Chloride 0.9%
IV over_____hour(s) via pump every_____week(s)

Special orders:_____

Lab orders with infusions: _____
(Clinical Lab Monitoring of Calcium & Serum Creatinine may be required for treatment extending over 30 days. Pharmacist will perform Clinical Lab Monitoring.)

6. Physician's Signature:_____/_____Date: _____
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____

MRN:_____

DOB: _____

Guidelines for Prescribing pamidronate disodium (generic for Aredia®)

(Required documentation with all initial referrals)

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

☐ Include signed and completed **Plan of Treatment**.

☐ 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 or bone scans to support diagnosis.**

- Pamidronate disodium is a bisphosphonate indicated for the treatment of: • Moderate or severe hypercalcemia associated with malignancy, with or without bone metastases. Hypercalcemia of malignancy: 60 mg to 90 mg pamidronate disodium as a single dose infused over 2 hours to 24 hours for moderate hypercalcemia, or 90 mg as a single dose infused over 2 hours to 24 hours for severe hypercalcemia. If warranted, retreat after a minimum of 7 days. • Patients with moderate to severe Paget's disease of bone. Paget's disease of bone: 30 mg pamidronate disodium daily as a 4-hour infusion on 3 consecutive days. • Osteolytic bone metastases of breast cancer or osteolytic lesions of multiple myeloma, in conjunction with standard antineoplastic therapy. Osteolytic Bone Metastases of Breast Cancer: 90 mg pamidronate disodium as a 2-hour infusion every 3 to 4 weeks. Retreat after recovery of renal function. • Limitations of use Safety and Efficacy of pamidronate disodium in the treatment of hypercalcemia associated with hyperparathyroidism or with other non-tumor related conditions have not been established.

☐ If the patient is switching bisphosphonate therapies, then MD must specify wash-out period prior to start of therapy as specified of_____weeks. Last known therapy:_____and last date received:_____.

☐ Other as requested: _____

_____

Pre-Screening:

☐ BMP results required within last 30 days

** **Warnings/Precautions:** Pamidronate disodium • **Hypocalcemia:** can worsen, correct hypocalcemia prior to use. Adequately supplement patients with calcium and vitamin D • **Anaphylaxis:** Contraindicated with Hypersensitive to pamidronate, other bisphosphonates, or mannitol. • **Renal Toxicity:** Do not exceed single doses of 90 mg pamidronate disodium. Assess renal function before each treatment. In patients with bone metastases with severe renal impairment, use of pamidronate disodium is not recommended. • **Osteonecrosis of the jaw (ONJ):** has been reported with bisphosphonates, perform a routine oral examination prior to administration. Consider a dental examination with appropriate preventive dentistry prior to treatment with bisphosphonates in patients with a history of concomitant risk factors (e.g., cancer, chemotherapy, angiogenesis inhibitors, radiotherapy, corticosteroids, poor oral hygiene, pre-existing dental disease or infection, anemia, coagulopathy). • **Atypical Femur Fractures:** have been reported. Patients with new thigh or groin pain should be evaluated to rule out a femoral fracture. •Pregnancy: May cause fetal harm. Advise females of the potential risk to a fetus and to avoid pregnancy. • **Electrolyte disorders** (e.g., hypophosphatemia, hypokalemia, hypomagnesemia, hypocalcemia): Monitor phosphorus, potassium, magnesium, calcium and vitamin D and adequately supplement as appropriate. See full prescribing information

Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center 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.