

Referral Status:		MRN:	
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change	<input type="checkbox"/> Order Renewal	
Patient preferred clinic:			

Xgeva® (denosumab) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:		Patient's Phone:	
Patient Name:		Address:	
Date of Birth:		City, State, Zip:	
Height in inches:	Weight:	LB or KG	Gender: Allergies: See list NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

C90._____ - Multiple myeloma	E83.52 - Hypercalcemia
C79._____ - Secondary malignant neoplasm of _____	
D48.0 - Neoplasm of uncertain behavior of bone and articular cartilage	
_____ - Other:	

REQUESTED DOCUMENTATION:

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	PLEASE STATE	LAST INJECTION DATE:
3	Full medication list	REQUIRED WASHOUT	NEXT INJECTION DATE:
4	Tried and failed therapies	FROM PREVIOUS	IF ORDER CHANGE:
5	Documentation of Calcium and Vitamin D replacement	THERAPY:	
			Continue current order until insurance approved

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive Xgeva® 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.

DOSE/FREQUENCY:

- Xgeva® (denosumab) 120 mg subcutaneously every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy.
- Xgeva® (denosumab) 120 mg subcutaneously every 4 weeks.
Administer as subcutaneous injection only to upper arm, upper thigh, or abdomen

SPECIAL ORDERS:

Clinical Lab Monitoring of serum Calcium level to be performed by ordering physician, it is recommended to hold dose if serum calcium is subtherapeutic



Refills x 12 months unless noted otherwise here:

CARE ORDERS:

- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)

DATE

Dispense as written/Brand medically necessary	Substitution permitted