

# Injectable agents for Osteoporosis

## ORDER FORM



### WARNINGS:

- Osteonecrosis of the jaw has been reported in patients receiving bisphosphonates or denosumab. The majority of the cases have been associated with dental procedures such as tooth extraction. A routine oral exam should be performed by a provider prior to prescribing. Patients at risk for osteonecrosis should receive a dental exam and preventative dentistry before treatment.
- Patients must be adequately supplemented with Calcium and vitamin D

**Diagnosis:** Patient weight \_\_\_\_\_ kgs Height \_\_\_\_\_ inches

### Medications:

- \_\_\_\_\_ Zoledronic acid (Reclast) 5mg IV once over not less than 15 minutes. (Must be re-ordered annually)  
Administer 500 mls of sodium chloride 0.9% IV over at least 30 minutes, prior to Reclast infusion.
- \_\_\_\_\_ Denosumab (Prolia) 60 mg SQ every 6 months x 2 doses. (may be administered in PCP office)
- Denosumab is indicated for patients unable to take oral bisphosphonates who also have significantly impaired renal function (estimated creatinine clearance < 35 ml/ minute)

### Labs:

1. Within 30 days prior to first dose\* – within 30 days, COMP, Phosphorous and magnesium.  
(\*Patients with renewal orders do not require repeat of these first dose labs.)
2. Subsequent doses:
  - a. **Creatinine (serum)** within previous 30 days.  
Hold Prolia for serum creatinine > 2, due to increased risk of hypocalcemia.  
Hold zoledronic acid & ibandronate for < 35 mls/minute.
  - b. **Calcium (serum)** within previous 30 days. **Albumin (serum)** if calcium < 8.4 mg/dL.  
Hold for corrected calcium less than 8.4 mg/dL. Corrected Ca = {(4-reported albumin) x 0.8} + report Ca
  - c. **Phosphorous and magnesium** in previous 12 months.
  - d. Denosumab - **Pregnancy test** for persons capable of becoming pregnant. Persons who may become pregnant should be advised to use effective contraception during denosumab treatment and for at least 5 months following the last denosumab dose.

### NURSING:

1. Provide patient with FDA approved manufacturer Medication Guide, with each dose. Allow the patient time to read the guide, ask and have questions answered. **Document.**
2. Observe for expected side effects and instruct patient to report. Fever is the most common reaction reported. Patients also may experience flu-like syndrome, such as fever, chills, bone and joint pain, and myalgias. Inform the patient that acetaminophen or NSAIDS may be helpful unless the patient has been told not to use by provider. The drug also may cause some gastrointestinal reactions, such as nausea and vomiting.
3. Instruct patient to observe good dental hygiene and to avoid invasive dental procedures if possible. If dental procedures are required, discuss with physician.

**REQUIRED Prior Authorization Number:** \_\_\_\_\_ [ ] pending [ ] Complete [ ] not needed\*

\*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name: \_\_\_\_\_

### Checklist for non-RFGH credentialed providers:

- [ ] Provider to provider communication is required. If the patient has a Primary Care Provider at RFGH, please contact that PCP. Otherwise, **call (207) 474-5121** and ask to speak to hospitalist. Contacted provider: \_\_\_\_\_
- [ ] Problem list & medication list attached to orders.

**FAX RFGH Infusion clinic at 207-858-2404**

**Contact Infusion Clinic at 207-858-8722**

Provider signature \_\_\_\_\_ Date \_\_\_\_\_ time \_\_\_\_\_

If not RFGH credentialed: Printed name \_\_\_\_\_ Phone # \_\_\_\_\_

**RFGH Co-signature** \_\_\_\_\_ Date \_\_\_\_\_ time \_\_\_\_\_

Printed name \_\_\_\_\_

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Copy: Pharmacy resources, rfgH.net

Originator: Pharmacy

Label or

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

Patient phone number \_\_\_\_\_