Injectable agents for Osteoporosis

ORDER FORM

REDINGTON-FAIRVIEW GENERAL HOSPITAL
(207) 474-5121 / WWW.RFGH.NET
Skowhegan, Maine

WARNINGS:

- Osteonecrosis of the jaw has been reported in patients receiving these agents. Most 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 & 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-bbdz (Jubbonti) 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)

_____ Romosozumab (Evenity) 210 mg, as 2 separate 105 mg injections, once a month for 12 months.

- **May not be renewed,** though the regimen can be repeated in future if indicated.
- **Not indicated** in persons with childbearing potential.

Labs:

1. All: Within 30 days prior to first dose*– COMP, Phosphorous and magnesium.
   (*Patients with renewal orders do not require repeat of these first dose labs.)
2. Subsequent doses:
   Denosumab and zoledronic acid:
   a. **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) x0.8} + report Ca)
   b. **Phosphorous and magnesium** in previous 12 months.
   c. **Creatinine (serum)** within previous 30 days.
      Hold denosumab for serum creatinine > 2, due to increased risk of hypocalcemia.
      Hold zoledronic acid for < 35 mls/minute.
   d. **Pregnancy test** for persons capable of becoming pregnant. Persons who may become pregnant should be advised to use effective contraception during treatment and for at least 5 months following the last dose.
   Romosozumab:
   a. **Calcium and serum creatinine** within 7 days prior to doses #2,4,7 & 10.

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:

[ ] Problem list [ ] Medication and allergy list

FAX RFGH Infusion clinic at 207-858-2404 Contact Infusion Clinic at 207-858-8722

Provider signature _____Date_____time_____

Printed name_____ Phone # _____

revised 10/21/25

Label or
Patient name_____

Date of birth_____ phone number_____