



Trinity Health Muskegon & Shelby Infusion Clinics

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444

Shelby: 72 S. State St. Shelby, MI 49455

Fax (shared): 231-672-3970

Denosumab (XGEVA®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: ___/___/___

Site of Service: TH Muskegon TH Shelby

Referral Status: New Referral Dose or Frequency Change Renewal

Patient Name: _____ Date of Birth: ___/___/___ Weight: ___kg Height: ___cm Allergies: _____	Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____
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Diagnosis Diagnosis Code (ICD-10): _____ Indication: _____ Target start date: _____	Labs (prior to treatment) <input type="checkbox"/> Albumin <input type="checkbox"/> Magnesium <input type="checkbox"/> Creatinine (serum) <input type="checkbox"/> Calcium <input type="checkbox"/> Other: _____ Frequency <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Prior to each Inj <input type="checkbox"/> Other: _____
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NOTE TO PROVIDER: All patients with Denosumab (Xgeva®) prescribed should receive at least 1000 mg Calcium and 400 IU Vitamin D daily per prescribing information.

Hold and notify physician:

Notify provider and hold at provider discretion for Ca < 7 mg/dL or Magnesium < 1.5 mg/dL. Calcium and magnesium level should be corrected prior to initiation of treatment.

Pre-medications:

No routine pre-medications are given. Pre-medications may be ordered at physician discretion.

Other: _____

Rx Denosumab (Xgeva®) 120 mg subcutaneous injection every

Frequency: _____

Note to Rx: DO NOT SUBSTITUTE - use XGEVA® brand only

Nursing Orders:

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary

sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: _____

Provider Signature: _____

Office Phone Number: _____

Office Fax Number: _____

Attending Physician Name: _____

(If ordering provider is an advanced practice practitioner, attending physician name required)

Note: This order is valid for 12 months from date of physician signature.