



# 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

<b>Patient Name:</b> _____ <b>Date of Birth:</b> ___/___/___ <b>Weight:</b> ___kg <b>Height:</b> ___cm <b>Allergies:</b> _____	<b>Primary Insurance:</b> _____ <b>Member ID:</b> _____ <b>Secondary Insurance:</b> _____ <b>Member ID:</b> _____
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<b>Diagnosis</b> <b>Diagnosis Code (ICD-10):</b> _____ <b>Indication:</b> _____ <b>Target start date:</b> _____	<b>Labs (prior to treatment)</b> <input type="checkbox"/> Albumin <input type="checkbox"/> Magnesium <input type="checkbox"/> Creatinine (serum) <input type="checkbox"/> Calcium <input type="checkbox"/> Other: _____  <b>Frequency</b> <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

<b>Provider Name:</b> _____ <b>Office Phone Number:</b> _____ <b>Attending Physician Name:</b> _____ <small>(If ordering provider is an advanced practice practitioner, attending physician name required)</small> <small>Note: This order is valid for 12 months from date of physician signature.</small>	<b>Provider Signature:</b> _____ <b>Office Fax Number:</b> _____
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