



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO9031



ADULT AMBULATORY INFUSION ORDER  
**Denosumab (PROLIA) Injection**  
**Osteoporosis**

Page 1 of 2

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. All patients should be prescribed daily calcium and vitamin D supplementation
3. In patients with severe renal impairment (creatinine clearance less than 30 mL/min), high risk of hypocalcemia, disturbances of mineral metabolism (e.g. hypoparathyroidism, thyroid surgery, parathyroid surgery, malabsorption syndromes, excision of small intestines) recommend clinical monitoring of calcium, magnesium and phosphorus levels within 14 days of Prolia injection.
4. Risk verses benefit regarding osteonecrosis of the jaw and hip fracture must be discussed prior to treatment.
5. A complete metabolic panel is recommended and a calcium level must be obtained within 60 days prior to starting treatment
6. The corrected calcium level should be greater than or equal to 8.4 mg/dL.
7. Pregnancy must be ruled out prior to administration. Perform pregnancy testing in all females of reproductive potential prior to administration of Prolia.
8. **Must complete and check the following box:**
  - Provider confirms that the patient has had a recent oral or dental evaluation and/or has no contraindications to therapy related to dental issues prior to initiating therapy.

**LABS:**

- Complete metabolic panel, routine, ONCE, every visit

**NURSING ORDERS:**

1. Review previous creatinine clearance, serum calcium and albumin. If no results in past 60 days order CMP.
2. TREATMENT PARAMETER – Pharmacist to calculate corrected calcium. Hold and contact provider for corrected calcium less than 8.4 mg/dL.
3. Assess for new or unusual thigh, hip, groin, or jaw pain. Inform provider if positive findings or if patient is anticipating invasive dental work.
4. Do not hold treatment for CrCl less than 30 mL/min.
5. Remind patient to take at least 500 mg elemental calcium twice daily and 400 units vitamin D daily.

**MEDICATIONS:**

denosumab (PROLIA) injection, 60 mg, subcutaneous, every 6 months (26 weeks) x 2 doses,  
Administer injection into upper arm, upper thigh, or abdomen



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**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please check the appropriate box for the patient's preferred clinic location:**

**Hillsboro Medical Center**  
Infusion Services  
364 SE 8th Ave, Medical Plaza Suite 108B  
Hillsboro, OR 97123  
Phone number: (503) 681-4124  
Fax number: (503) 681-4120

**Adventist Health Portland**  
Infusion Services  
10123 SE Market St  
Portland, OR 97216  
Phone number: (503) 261-6631  
Fax number: (503) 261-6756

**Mid-Columbia Medical Center**  
Celilo Cancer Center  
1800 E 19th St  
The Dalles, OR 97058  
Phone number: (541) 296-7585  
Fax number: (541) 296-7610