



PHYSICIAN ORDER SET :
Densumbab (Prolia)

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

****Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained****

Because of the risk of hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, serious infections, and dermatologic reactions, denosumab (Prolia) is provided through a REMS Program.

By signing this plan you will be ordering denosumab and attesting that you are aware of the risk, that the medication is clinically necessary, and that you have counseled and will monitor the patient for denosumab-associated toxicities.

Criteria to Treat

	Interval	Defer Until	Duration
<input type="checkbox"/> Criteria to Treat CA greater than: 8.4 25-OH Vitamin D greater than: 20 If Vit D is less than 20, review provider documentation that it is okay to proceed with Infusion. If documentation not found, contact the provider.	Every Visit		1 treatment

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Denosumab (PROLIA) 60 mg/mL subcutaneous syringe 60 mg 60 mg, Subcutaneous, Once, Starting at treatment start time	Every 26 Weeks		1 treatment

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		PRN



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Catheter management (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting when released	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released	PRN		PRN

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released. For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i> <i>Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/titration: Yes</i> <i>Min SpO2 (%): 94</i>	PRN		PRN

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued. Starting when released Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
<input type="checkbox"/> albuterol nebulizer solution 2.5 mg/ 3mL (0.083%) 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hive or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, for 2 doses. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg,	PRN		PRN
<input type="checkbox"/> methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and famotidine.	PRN		PRN
<input type="checkbox"/> famotidine (PF)(PEPCID) injection 20 mg 20 mg intravenous. Once as needed. Adjunct treatment for mild-moderate, or SEVERE reaction. Starting when released. For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF given as premed.	PRN		PRN
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 does, Starting when released, For 2 doses	PRN		PRN
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. <i>HOLD IF giving fexofenadine.</i>	PRN		PRN



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Hypersensitivity (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg	PRN		PRN
180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment Start time, for 1 dose. Administer only if unable to tolerate cetirizine. <i>HOLD IF giving cetirizine.</i>			