

# Denosumab (XGEVA and Biosimilars)

**PROVIDERS: Please include the following information to expedite the order:**  
Patient demographics, insurance information, most recent visit notes, TB status, and applicable labs

## PATIENT INFORMATION

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10:  C79.51  C90.0  CD48.0  E83.52  Other: \_\_\_\_\_ Description: \_\_\_\_\_  
Allergies: \_\_\_\_\_  NKDA Weight: \_\_\_\_\_  lb  kg  
Patient Status:  New to Therapy  Continuation of Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## REFERRAL STATUS New Referral Updated Order Order Renewal

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

- Utilize hypersensitivity protocol established by Redeemer Health Infusion Therapy Center
- Provide nursing care and observation according to Redeemer Health Infusion Therapy Center policies and procedures

## THERAPY ADMINISTRATION

- Denosumab

**MUST SELECT PREFERRED PRODUCT.** If preferred product is not covered or the insurance company requires a specific alternative, we will contact your practice.

XGEVA

Biosimilar – (must specify biosimilar product):  
\_\_\_\_\_

**Dose:**  120mg

**Frequency:**  q 4 weeks

q 4 weeks with additional 120mg doses on days 8 and 15 of the first month of therapy

**Route:** subcutaneous injection

**Monitoring:**  Patient required to stay for 30-minute observation

**Refills:**  No Refills  12 months  \_\_\_\_\_

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_
- Please check this box if you do NOT authorize Redeemer Health Infusion Therapy Center to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

## PRE-MEDICATION ORDERS

- acetaminophen (TYLENOL)  500 mg  650 mg  1000 mg PO
- cetirizine (ZYRTEC) 10 mg PO
- loratadine (CLARITIN) 10 mg PO
- diphenhydramine (BENADRYL)  25 mg  50 mg |  PO  IV
- methylprednisolone (SOLU-MEDROL)  40 mg IV  125 mg IV
- hydrocortisone (SOLU-CORTEF) 100 mg IV

## SPECIAL INSTRUCTIONS

Redeemer Health Infusion Therapy Center will conduct peer-to-peer review(s) on behalf of the prescribing provider for any insurance denials. If you DO NOT AUTHORIZE Redeemer Health Infusion Therapy Center to do this on your behalf, check this box.

Provider Name (Print): \_\_\_\_\_ Provider Signature (No Stamps): \_\_\_\_\_ Date: \_\_\_\_\_