

UM Upper Chesapeake Health
Provider Orders for:
denosumab (Prolia)
[For Treatment of Osteoporosis]

Patient Name: _____

DOB: _____

= *must* check off to order / *automatically* initiated unless crossed out

Date: _____ Time: _____ Diagnosis: _____

Confirm patient has no signs/symptoms of osteonecrosis of jaw (jaw pain, swelling, redness, loose teeth or exposed bone).
Do NOT administer within 2 months prior or post invasive dental procedures.

Tests:

Labs to be drawn within 30 days prior to administration of medication:

Obtain **Serum:** CMP Magnesium Phosphate

Calculate creatinine clearance (CrCl)

Notify physician **IF:**

➤ Serum (or corrected) calcium is less than 8.5 mg/dL **--OR--**

➤ Serum Magnesium is less than 1.5 mg/dL **--OR--**

➤ Serum Phosphate is less than 2.4 mg/dL **--OR--**

➤ CrCl is less than 30 mL/min **-- AND-- DO NOT ADMINISTER denosumab (Prolia)**

Other Medications: _____

denosumab (Prolia) Treatment Order

Drug	Total Dose (mg)	Route	Schedule
denosumab (Prolia) J0897	60 mg	SQ	Every 6 months

Other Orders: _____

Physician Signature: _____, MD