

## Denosumab/Denosumab-bbdz/Denosumab-bmwo (Prolia/Jubbonti/Stoboclo) Osteoporosis Order Set

= Optional Order     = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply)

### ORDERS

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

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

Exclusion Criteria: hypersensitivity (systemic) to denosumab or any component of the formulation; preexisting hypocalcemia; pregnancy.

Diagnosis Code: (ICD-10) \_\_\_\_\_

- Diagnosis:** Treatment of postmenopausal women with osteoporosis at high risk for fracture.
- Treatment to increase bone mass in men with osteoporosis at high risk for fracture.
- Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.
- Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

#### MEDICATIONS

- Denosumab (Prolia) 60mg subcutaneously times one.
- Denosumab-bbdz (Jubbonti) 60mg subcutaneously times one.
- Denosumab-bmwo (Stoboclo) 60mg subcutaneously times one.

#### PRE-INJECTION / LAB ORDERS

##### DIAGNOSTICS & TESTS

##### Results

*(Within 45 days of administering Prolia/Jubbonti)*

DATE	SERUM CREATININE	DATE	SERUM CALCIUM (NORMAL 8.6 – 10.6 MG/DL)	CALCIUM WDL? **
				<input type="checkbox"/> Yes

\*\*Hold medication if serum calcium level is not within normal range.

#### NURSING MONITORING PARAMETERS

- Administer denosumab/denosumb-bbdz/denosumab-bmwo (Prolia/Jubbonti/Stoboclo) by subcutaneous technique in the upper lateral arm, abdomen, or lateral thigh. See package insert for proper subcutaneous administration and site selection.
- Do not administer denosumab/denosumb-bbdz/denosumab-bmwo (Prolia/Jubbonti/Stoboclo) intraarterially, intramuscularly or intravenously.
- Counsel the patients to take calcium 1200mg daily with at least 800 units of vitamin D daily.

By signing this order, the Medication Guide and Patient Counseling Chart per FDA REMS Requirement for Prolia/Jubbonti/Stoboclo has been reviewed with the patient and handed to her/him including the serious risks of Prolia/Jubbonti/Stoboclo and symptoms of each risk. The ordering provider has determined renal function is appropriate for administration.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_ Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

