



METRO INFUSION CENTER

Name: _____

DOB: _____

Diagnosis/Code: _____ / _____

Denosumab (Xgeva)

Dose calculation:

Flat dose, not a weight-based medication

Laboratory or Other Tests Related to Chemotherapy: Provider to select preference below

- STAT calcium, creatinine and phosphorus levels prior to first dose and then as indicated throughout therapy
- STAT CMP and phosphorus prior to every dose; check calcium, phosphorus and creatinine levels prior to administering each dose

Dosing Guidelines/ Parameters: Provider to check box below if phosphorus monitoring is required

- Creatinine clearance should be greater than 30 mL/minute before dosing- if lower than this, the risk for hypocalcemia is higher
 - Calcium level should be greater than 8 mg/dL (make sure is corrected)
- Check phosphorus level prior to each treatment and call MD/NP for level less than 2.3 mg/dL

Hydration Orders: Not Required**Premedication and Antiemetic Orders:** Not Required**Medication Orders:**

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Denosumab (Xgeva) post weekly x 3 for giant cell tumor of bone OR for prevention of SRE	120 mg	SQ	Every 4 weeks
<input type="checkbox"/> Denosumab (Xgeva) For giant cell tumor of the bone)	120mg	SQ	Weekly x 3 weeks Then every 4 weeks

Day 1 = _____ then every week (+/- 2 days)

This order is good for 1 year from the date ordered

Other:

Verify patient is taking oral Vitamin-D and Calcium supplements

- Monitor for and instruct patient to report symptoms of Osteonecrosis of the Jaw (pain, numbness, swelling of or drainage from the jaw, mouth or teeth).

Call referring provider for:

- Sore in the mouth that could be osteonecrosis of the jaw
- SxS of low calcium or phosphorus
- Unusual or worsening pain in the upper thighs or back as there have been occasion of atypical femoral and vertebral fractures

Other reasons to call:

DATE	Referring Provider: _____ <small>SIGNATURE REQUIRED</small>	Telephone# _____ <small>PRINTED NAME REQUIRED</small>
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