NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Denosumab Order Form

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Serum calcium is required within 60 days of appointment for denosumab.

Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia. Calcium 1,000 mg/day and vitamin D ≥ 400 units/day is recommended.

Is the patient currently taking calcium and vitamin D? ◯ Yes ◯ No Reason for not taking: _____

Please list any premeds needed.

*In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

◯ Denosumab (60mg): The current practice preferred agent is Jubbonti (HCPCS Code Q5136)
- Dose: 60mg subQ every 6 months.

Orders valid through: _____

◯ Denosumab (120mg) Dosing: The current practice preferred agent is Xgeva (HCPCS Code J0897)
- Dose: 120mg subQ every 4 weeks

Orders valid through: _____

Provider Name | Provider Signature

Date | Phone | Fax | Pager