



# Oregon Medical Group Infusion Center

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## Denosumab (Xgeva) Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

1. The patient must have a current (within 90 days) CMP and serum calcium that is within normal range or the Infusion Center will not be able to administer Xgeva.

2. Administer Xgeva via subcutaneous injection in the upper arm, upper thigh, or abdomen

3. Dosing:

Bone metastases from solid tumors, Multiple myeloma:

120 mg Xgeva subcutaneously every 4 weeks

Giant cell tumor of bone, Hypercalcemia of malignancy:

120 mg Xgeva subcutaneously every 4 weeks; during the first month, give an additional 120 mg on days 8 and 15

Current Calcium: \_\_\_\_\_ Date: \_\_\_\_\_

4. Pre-medications to be given 30 minutes prior to infusion (optional)

OMG Infusion Center Pre-Medication Protocol

**OR**

Administer the following routine pre-medications prior to each infusion

Acetaminophen (Tylenol) 650 mg PO

Antihistamine (Select one)

Diphenhydramine (Benadryl) 25 mg PO

Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins

Loratadine (Claritin) 10 mg PO

Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min

Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min

Ondansetron 4 mg IV **OR**  Ondansetron 8 mg IV

Other: \_\_\_\_\_

5. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other \_\_\_\_\_

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

(NO PROVIDER STAMPS)

(Orders expire after 365 days)

Provider's Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_