

**ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN**

**Allergies/Reactions:**

- |   |  |
|---|--|
| <input type="checkbox"/> Puyallup Infusion Center - Fax: 253-697-5066               | <input type="checkbox"/> Gig Harbor Infusion Services - Fax: 253-530-8069  |
| <input type="checkbox"/> Allenmore Ambulatory Infusion Services - Fax: 253-864-4052 | <input type="checkbox"/> DHEC Infusion Center - Fax: 509-755-5845          |
| <input type="checkbox"/> Auburn Infusion Services - Fax: 253-876-8282               | <input type="checkbox"/> North Spokane Infusion Center - Fax: 509-232-2531 |

**ORDERS WITH CHECK BOXES**

When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

**Osteoporosis Treatments**

Patient Name: \_\_\_\_\_ Requested Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  May leave message

**Diagnosis:**

- Osteoporosis
- Osteopenia
- Other \_\_\_\_\_

**ICD -10 Code:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Required:** H&P with documentation to support above diagnosis including ICD-10 code and supporting labs. DEXA scan is recommended every 2 years.

**\*\*If required documentation not received with order, scheduling of treatment will be delayed until complete information is available\*\***

**Baseline labs required:**

- BMP
- Serum Calcium \_\_\_\_\_ mg/dL  
Contraindicated to give denosumab, romosozumab-aqgq or bisphosphonates in patients with hypocalcemia
- Serum Creatinine \_\_\_\_\_ mg/dL  
Contraindicated to give zoledronic acid if CrCl <35 mL/min, or ibandronate if CrCl <30 mL/min
- Annual Vitamin D level (25-hydroxyvitamin D) \_\_\_\_\_ ng/mL (Zoledronic Acid, Ibandronate)

**Maintenance labs required:**

- Serum Creatinine (q3 months for ibandronate, q6 months for denosumab and romosozumab-aqgq, q12 months for zoledronic acid)
- Serum Calcium every 6 months for denosumab, ibandronate OR romosozumab-aqgq; every 12 months for zoledronic acid
- Vitamin D level (25-dydroxyvitamin D) every 12 months (Zoledronic Acid, Ibandronate)

**IV Access:** Access and/or maintain IV site in accordance with MHS IV Therapy P&P: Peripheral IV Device Site Selection, Insertion, Maintenance, and Discontinuation; and Maintenance of Central Venous Catheters-Flushing, Dressing Changes and Removal.

**Treatment Regimen:**

- Denosumab (Prolia) 60 mg SQ every 6 months x 1 year
- Zoledronic Acid (Reclast) 5 mg IV infusion over at least 15 minutes x 1 dose
  - Recommended to have patient hold furosemide or torsemide morning of infusion
- Ibandronate (Boniva) 3 mg IV push over 30 seconds every 3 months x 1 year
  - Recommended to have patient hold furosemide or torsemide morning of dose
- Romosozumab-aqgq (Evenity) 210 mg (administered as 2 injections) SQ every month x 12 doses
  - Contraindicated in patient with history of stroke or myocardial infarction within the preceding year

**Vital Signs:** Check vital signs prior to dose.  
Contact provider if systolic BP >180; diastolic BP >100; systolic BP <90; HR >110; temp >38C (100.4F)

**If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.):**

- Consult MultiCare hypersensitivity guideline for treatment management
- Notify provider of reaction, assessment and need for further orders

**Code Status:** Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.

**Was consent obtained:**  Yes  No (if yes, please send DOCUMENTATION of consent with order)

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Another brand of drug, identical in form and content, may be dispensed unless checked  **Orders expire in 12 months\*\***

**Patient Identification - Always Attach Patient Label**

Name: \_\_\_\_\_  
MRN #: \_\_\_\_\_  
CSN #: \_\_\_\_\_  
Age / Sex and Gender: \_\_\_\_\_

Pre-printed Order  
**OSTEOPOROSIS TREATMENTS**

