

DENOSUMAB (or biosimilar) ORDER FORM

PATIENT NAME: _____ DOB: _____ WT: _____ HT: _____

ALLERGIES: _____

DIAGNOSIS

HAS THE PATIENT PREVIOUSLY RECEIVED: Denosumab? ☐ NO ☐ YES

BRAND: _____ LAST DOSE DATE: _____

DIAGNOSIS: _____ ICD 10 CODE(S): _____

Infusion Solutions will select therapeutically interchangeable denosumab product based on payor requirements, product availability, and indication:

- 1) Prolia (denosumab); 2) Jubbonti (denosumab-bbdz); 3) Wyost (denosumab-bbdz); 4) Bildyos (denosumab-nxxp);
5) Stobloco (denosumab-bmwo); 6) Conexence (denosumab-bnht); 7) Ospomyv (denosumab-dssb)

☐ Substitution Permitted ☐ Dispense as written (indicate brand): _____

MEDICATION ORDERS

DOSE:

☐ 60 mg sub-Q

☐ Other dose sub-Q: _____

FREQUENCY:

☐ Every 6 months

☐ Other: _____

PREMEDICATION: Given 15 - 30 minutes prior to injection – not typically indicated:

☐ Diphenhydramine 25 mg PO

☐ Cetirizine 10 mg PO

☐ Acetaminophen 500 mg PO

☐ Other (dose/route): _____

Orders are valid for 1 year. For a shorter duration, indicate here: _____

STANDARD ORDERS

ANCILLARY ORDERS:

- Infusion Reaction Management per Infusion Solutions Protocol.
- Lidocaine 1% - up to 0.2 ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

NURSING ORDERS:

- Monitor vital signs (temp, HR, RR, BP) before and after therapy.
- Observe patient for 15 minutes after completion of therapy.

LABS

LAB ORDERS:

☐ BMP

☐ Phosphorus

☐ Magnesium

☐ Other: _____

LAB FREQUENCY:

☐ Every 6 months at each dose

☐ Other: _____

REQUIRED DOCUMENTATION

REQUIRED CLINICAL DOCUMENTS:

- Baseline calcium level
- Baseline serum creatinine
- Calcium and vitamin D supplementation
- Contraceptive use and pregnancy test in all females of reproductive potential
- In patients with advanced chronic kidney disease, evaluate for CKD-MBD

RECOMMENDED CLINICAL DOCUMENTS (provide if available):

SUPPORTING DOCUMENTS:

- Patient demographic and insurance information
- Copy of front and back of insurance card if available
- Patient's medication list
- Supporting clinical notes, including past tried and/or failed therapies

PROVIDER INFORMATION

PRESCRIBER SIGNATURE (substitution)

PRESCRIBER SIGNATURE (dispense as written)

PRINT NAME (FIRST AND LAST)

DATE