

## Denosumab Biosimilar

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.

Trinity Health Grand Haven will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Status:  New Referral  Dose or Frequency Change  Renewal

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weight: \_\_\_\_ kg Height: \_\_\_\_ cm

Allergies \_\_\_\_\_

NKA

Primary Insurance: \_\_\_\_\_

Member ID: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Member ID: \_\_\_\_\_

Authorization number: \_\_\_\_\_

Diagnosis \_\_\_\_\_

Diagnosis Code (ICD-10):  M81.0

Other \_\_\_\_\_

Indication: \_\_\_\_\_

Target start date: \_\_\_\_\_

Labs (within 30days of treatment)

Calcium

Albumin

**\*\*Labs must be sent with order if not done at THGH\*\***

**Note to Provider:** All patients with Denosumab (PROLIA®) prescribed should receive at least 1,000mg Calcium and 400 IU Vitamin D daily per prescribing information.

**Hold and Notify Provider:** Notify provider and hold at provider discretion for Ca <7 mg/dL. Calcium should be corrected prior to initiation of treatment.

**Pre-medications:** No routine pre-medications are given. Pre-medications may be ordered at physician discretion.

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

**Denosumab Biosimilar** – subcutaneous injection every 6 months

Pharmacist to select \*

Conexence (denosumab-bnht) - *preferred*

Stoboclo (denosumab-bmwo)

Jubbonti (denosumab-bbdz)

Prolia (denosumab)

\*Pharmacist will work with financial coordinator to select product based on patient's insurance coverage & Trinity Health Formulary in the following order: Conexence → Stoboclo → Jubbonti → Prolia

THGH Standard of Care Protocol for IV Access/Line Management and Emergency Medications for Allergic Reactions.

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Attending Physician Name: \_\_\_\_\_ (If ordering provider is an advanced practice practitioner, attending physician required)

Note: This order is valid for 12 months from date of physician signature.



## Denosumab Biosimilar

The following Standard of Care Protocol has been approved for use in the Infusion Clinic at Trinity Health Grand Haven.	
EMERGENCY MANAGEMENT OF ALLERGIC REACTIONS PROTOCOL	
Vital Signs	<input checked="" type="checkbox"/> Vital Signs: if patient has suspected Allergic Reaction: Every 5 Minutes until stable then every 15 Minutes until symptoms resolve. <input checked="" type="checkbox"/> Pulse Oximetry: for suspected Allergic Reaction, initiate pulse oximetry monitoring until symptoms resolve.
Oxygen	<input checked="" type="checkbox"/> Oxygen PRN adjust to maintain O2 Sat greater than 90%
Cardio-pulmonary	<input checked="" type="checkbox"/> ECG STAT if complaint of chest pain or difficulty breathing <input checked="" type="checkbox"/> Albuterol 2.5mg/3mL (0.003%) Nebulizer Treatment STAT PRN wheezing, bronchospasm, hypoxemia, dyspnea. Administer with oxygen. May repeat treatment Q10 Minutes for a total of 3 doses. <input checked="" type="checkbox"/> SVN
Medications	<input checked="" type="checkbox"/> 0.9% Sodium Chloride 500mL IVPB STAT PRN hypotensive management (SBP less than 90mmHg or MAP less than 60). Infuse over 30 Minutes. Notify Physician for further orders. <input checked="" type="checkbox"/> Acetaminophen (Tylenol) 650mg PO x1 dose PRN generalized pain, back pain, abdominal cramping, headache, or temperature greater than 100.5°F <input checked="" type="checkbox"/> Famotidine (Pepcid) 20mg IV PUSH STAT x1 Dose PRN Allergic Reaction Severity Grade 3. Administer over 2 Minutes. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 50mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 3. If patient has severe hypotension, administer after hypotensive episode is resolved. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 25mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 2. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Hydrocortisone 100mg IV PUSH STAT x1 PRN Allergic Reaction Severity Grade 3. Notify Physician for further orders <input checked="" type="checkbox"/> Epinephrine (EPI-PEN) 0.3mg/0.3mL IM STAT PRN Allergic Reaction Severity Grades 3-4 or Anaphylaxis. May repeat Q15 Minutes x2 doses. Notify Physician for further orders  <i>Based on the CoFAR Grading System for Systemic Allergic Reactions Version 3.0</i>

Per CMS survey and Certification group memo dated 8/11/2021, "the use of standing orders must be documented as an order in the patient's medical record and signed by the practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

