



Trinity Health Muskegon & Shelby Infusion Clinics

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444

Shelby: 72 S. State St. Shelby, MI 49455

Fax (shared): 231-727-4328

Denosumab Biosimilars

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: ____/____/____

Site of Service: ☐ TH Muskegon ☐ TH Shelby

Referral Status: • New Referral • Dose or Frequency Change • Renewal

Patient Name: _____ Date of Birth: ____/____/____ Weight: ____ kg Height: ____ cm Allergies: _____	Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____
Diagnosis Diagnosis Code (ICD-10): ☐ M81.0 ☐ Other _____ Indication: _____ Target start date: _____	Labs • Calcium • Albumin • Other: _____ (Calcium/albumin required within 30 days of treatment)
NOTE TO PROVIDER: All patients with Denosumab (PROLIA®) prescribed should receive at least 1000 mg Calcium and 400 IU Vitamin D daily per prescribing information (note: Calcium is best absorbed if doses greater than 500 mg are divided).	
Hold and notify provider: Notify provider and hold at provider discretion for Ca <7 mg/dL. Calcium level 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 * • Conexxence (denosumab-bnht) – preferred • Stoboclo (denosumab-bmwo) • Jubbonti (denosumab-bbdz) • Enoby (denosumab-qbde) • Prolia (denosumab) *Pharmacist will work with financial coordinator to select product based on patient's insurance coverage & Trinity Health Formulary in the following order Conexxence → Stoboclo → Jubbonti → Prolia Nursing Orders: Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN; meperidine injection 25 mg PRN	
Provider Name: _____ Office Phone Number: _____ Attending Physician Name: _____ (If ordering provider is an advanced practice practitioner)	Provider Signature: _____ Office Fax Number: _____

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