



Denosumab 120mg Biosimilars

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

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

Referral Status: [ ] New Referral [ ] Dose or Frequency Change [ ] Renewal

Form with fields for Patient Name, Date of Birth, Weight, Height, Allergies, Primary Insurance, Member ID, Secondary Insurance, Member ID, Diagnosis, Indication, Target start date, Labs (Albumin, Magnesium, Creatinine, Calcium, Other), and checkboxes for Once, Monthly, Prior to each inj, Other.

NOTE TO PROVIDER: All patients with Denosumab (biosimilars) 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 physician:
Notify provider and hold at provider discretion for Ca < 7 mg/dL or Magnesium < 1.5 mg/dL. Calcium and magnesium 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 120 mg subcutaneous injection Frequency: \_\_\_\_\_

- [ ] Pharmacist to select \*
[ ] Bomynta (denosumab-bnht) - preferred
[ ] Osenvelt (denosumab-bmwo)
[ ] Wyost (denosumab-bbdz)
[ ] Xgeva (denosumab)

\*Pharmacist will work with financial coordinator to select product based on patient's insurance coverage & Trinity Health Formulary in the following order Bomynta -> Osenvelt -> Wyost -> Xgeva

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

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_
Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_
Attending Physician Name: \_\_\_\_\_

(If ordering provider is an advanced practice practitioner)
Note: This order is valid for 12 months from date of physician signature.