



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the X to remove the pre-checked option.

DENOSUMAB OR BIOSIMILAR INJECTION (Q 6 MONTHS) Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Provider Communication Orders

Interval

Provider Communication

Once

If patient new to denosumab therapy, must have baseline labs completed prior to treatment. For subsequent treatment, use corrected Calcium within predetermined time-frame before treatment.

PROVIDER MUST SELECT A LAB TIME-FRAME BELOW:

WITHIN 7 MONTHS

May be appropriate for individuals who do not have impaired renal function or elevated risk for hypocalcemia (i.e. eGFR of 60 or higher), no history of malabsorptive conditions or malabsorptive procedures such as gastric bypass, or history of hypoparathyroidism and who are regularly obtaining stable intake of calcium and vitamin D.

WITHIN 3 MONTHS

May be appropriate for individuals who may have mild-to-moderate impairment in renal function (eGFR 45-59) or history of malabsorption but with stable supplementation and nutrition.

WITHIN 1 MONTH

May be appropriate for individuals who have impaired renal function (eGFR of less than 45) or concerns about elevated risk for hypocalcemia (known issues with nutrition or intestinal absorption), or who may be at elevated risk for progression in renal impairment which would also increase risk of severe hypocalcemia due to denosumab treatment. More frequent monitoring of calcium may be needed for individuals with more advanced CKD. For individuals with eGFR less than 15, denosumab should be introduced only with caution due to risk of hypocalcemia, and ideally under the guidance of a specialist in metabolic bone disease/osteoporosis.

Labs

Interval

Comprehensive Metabolic Panel

Every 180 days if labs not provided by MD Office

Supportive Care

Interval

PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.

denosumab-bbdz (JUBBONTI) 60 MG SUBQ EVERY 6 MONTHS X 1 YEAR

Route: SUBQ

denosumab (PROLIA) 60 MG SUBQ EVERY 6 MONTHS X 1 YEAR

Route: SUBQ

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5065-DT (10/07/2025)

DENOSUMAB OR BIOSIMILAR INJECTION (Q 6 MONTHS)

Nursing Orders		Interval
<input checked="" type="checkbox"/> Nursing Communication		Every Visit <i>If patient new to denosumab therapy, must have baseline labs completed prior to treatment. If corrected calcium is normal within specified time-frame, no need to wait to proceed with treatment. If last calcium lab was not within the specified time-frame, draw Calcium and Albumin (CMP), wait for results prior to administration of denosumab. Notify provider if corrected Calcium less than 8.5.</i>
<input checked="" type="checkbox"/> Nursing Communication		Every 180 days <i>Instruct patients to take calcium 1000mg daily and at least 400 IU Vitamin D daily.</i>
<input checked="" type="checkbox"/> Nursing Communication		Every 180 days <i>Remind patients of good dental hygiene and to avoid dental procedures other than cleaning.</i>

Emergency Medications		Interval
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: Intramuscular <i>25-50 mg Once As Needed Intramuscular, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis). For 1 dose, Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg, and notify provider.</i>
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puffs	PRN	Route: Inhalation <i>2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available.</i>
<input checked="" type="checkbox"/> methylPREDNISolone sod suc(PF) (Solu-MEDROL) Injection 125 mg	PRN	Route: Intramuscular <i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Do not inject into deltoid.</i>
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular <i>0.5 mg Once As Needed Intramuscular For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose.</i>

Provider Signature _____ Date _____ Time _____

Provider's Printed Name:

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