

Jubbonti Injection Orders

Patient Name: _____	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis (please provide ICD10 code) <input type="checkbox"/> Age-related osteoporosis without current pathological fracture M81.0		
<input type="checkbox"/> Age-rel osteopor w current path fracture, unsp site, init. M80.00XA	<input type="checkbox"/> NKDA Allergies: _____	
<input type="checkbox"/> New Start Therapy	<input type="checkbox"/> Continuation of Therapy	Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____	Phone: _____	Fax: _____
Practice Address: _____	City: _____	State: _____ Zip Code: _____

TRIED AND FAILED MEDICATIONS:

- ☐ Fosamax
- ☐ Boniva
- ☐ Actonel
- ☐ Evista
- ☐ Reclast
- ☐ Contraindications to above: _____

REQUIRED TESTING/LABS:

- ☒ Clinical/Progress Notes supporting primary diagnosis (please attach)
- ☒ DEXA scan results and date (please attach): _____
- ☒ Calcium level and date (please attach most recent CMP): _____

JUBBONTI ORDERS

DOSING:

- ☒ Jubbonti (denosumab-bbdz) subcutaneous injection
60mg/ml

FREQUENCY:

- ☒ Every 6 months

Sage Infusion Standing Orders:

- ☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

REFILLS:

- ☐ _____
(if not indicated prescription will expire one year
from date signed)

Date

Hypocalcemia: Pre-existing hypocalcemia must be corrected prior to initiating therapy with Jubbonti.

Jubbonti may cause fetal harm when administered to a pregnant woman. In women of reproductive potential, pregnancy testing should be performed prior to initiating treatment with Jubbonti.

Instruct patients to take calcium 1000 mg daily and at least 400 IU vitamin D daily.