

MEDICATION ORDERS

Jubbonti (denosumab-bbdz)

Date: _____

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Warnings and Precautions

https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761362s000lbl.pdf

DIAGNOSIS AND ICD 10 CODE INDICATIONS

ICD 10: _____

ICD 10: _____

Jubbonti Is a RANK ligand (RANKL) inhibitor indicated for treatment:

- ☐ of postmenopausal women with osteoporosis at high risk for fracture.
- ☐ to increase bone mass in men with osteoporosis at high risk for fracture
- ☐ of glucocorticoid-induced osteoporosis in men and women at high risk for fracture
- ☐ to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for non metastatic prostate cancer
- ☐ to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

REQUIRED DOCUMENTATION

- | | |
|--|--|
| ☐ Signed/Dated RX | ☐ Pt Demographics |
| ☐ Recent Progress notes | ☐ Pt Insurance information and picture of cards |
| ☐ Recent DEXA | ☐ Recent CMP |

List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):

1)

2)

JUBBONTI MEDICATION ORDERS

Dosing	☐ 60mg SubQ every 6 months
Refills:	☐ X 6 months ☐ X 1 year ☐ _____ doses

PRESCRIBER INFORMATION

Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

ORDERING PROVIDER

Signature X Date _____ Fax _____

Provider _____ Phone _____ Provider NPI _____