

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



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: _____	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
ICD 10: _____	

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 _____