

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		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> 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: <ul style="list-style-type: none"><input type="checkbox"/> of postmenopausal women with osteoporosis at high risk for fracture.<input type="checkbox"/> to increase bone mass in men with osteoporosis at high risk for fracture<input type="checkbox"/> of glucocorticoid-induced osteoporosis in men and women at high risk for fracture<input type="checkbox"/> to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for non metastatic prostate cancer<input type="checkbox"/> to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer
ICD 10: _____	

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Signed/Dated RX	<input type="checkbox"/> Pt Demographics
<input type="checkbox"/> Recent Progress notes	<input type="checkbox"/> Pt Insurance information and picture of cards
<input type="checkbox"/> Recent DEXA	<input type="checkbox"/> Recent CMP
List Tried & Failed Therapies, including duration of treatment (please comment specifically on bisphosphonates):	
1)	
2)	

JUBBONTI MEDICATION ORDERS	
Dosing	<input type="checkbox"/> 60mg SubQ every 6 months
Refills:	<input type="checkbox"/> X 6 months <input type="checkbox"/> X 1 year <input type="checkbox"/> _____ doses

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

ORDERING PROVIDER

Signature X _____ Date _____ Fax _____

Provider _____ Phone _____ Provider NPI _____