



Cottage Grove Infusion Center
1515 Village Drive
Cottage Grove, OR 97424
Phone 541-767-5447 Fax 541-767-5399 or 541-434-3164

Denosumab (Conexxence) or biosimilar INJECTION (v. 05/14/2026)

Diagnosis/Indication (ICD-10): _____

* Patient needs to have had satisfactory dental exam prior to start of denosumab-bnht (Conexxence). Please send copy of most recent calcium result with this order (must be within last 60 days).

Labs:

- n Basic Metabolic Panel if no results available within last 60 days

Medications:

- Denosumab-bnht or biosimilar 60 mg subcutaneous injection every 6 months

Nursing communications:

- Instruct patient to take calcium 1000 mg orally daily and at least 500 IU vitamin D daily
- Remind patient of good dental hygiene and to avoid dental procedures other than cleaning

Emergency Medications:

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic).
 - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- Emergency medications can be given IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____