



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

**Denosumab-bbdz (Wyost) INJECTION (v. 01/15/2026)**

Diagnosis/Indication (ICD-10): \_\_\_\_\_

\* Please send copy of most recent calcium result (must be within last 60 days) with this order

**Medications:**

- .. Denosumab-bbdz 120 mg subcutaneous injection every 28 days
- .. Denosumab-bbdz 120 mg subcutaneous injection every week x 3 weeks then starting week #5, 120 mg subcutaneous injection every 4 weeks

**Nursing communications:**

- 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 ( $\geq 20$  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 ( $\geq 20$  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: \_\_\_\_\_