

# McLeod Health

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## Denosumab (Prolia) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one):

- M81.0 Age-related Osteoporosis without current fractures
- C61 Malignant neoplasm of the Prostate       C50. \_\_\_\_ Breast Cancer
- Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

- Denosumab (Prolia) (J0897) 60 mg via subcutaneous injection once
- Other: \_\_\_\_\_

### Lab Orders:

- Basic Metabolic Panel (BMP)
- Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pre-Screening Requirements:**

- Calcium results required before the first injection and annually thereafter
- Dental evaluation required prior to the start of therapy and within the last 3 months

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received denosumab at another facility, please provide last date received: \_\_\_\_\_
- If patient has previously received another bisphosphonate therapy, please provide the name: \_\_\_\_\_  
and the last date received: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Clarendon: 803-435-3194 (Fax)

803-435-3226 (Phone)