

McLeod Health

Evenity (Romosozumab-aqqg) Treatment Plan

Patient Name: _____ Height (cm): _____ Weight: _____

Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (choose option below):

- ☐ M80.0 ___ Age-related osteoporosis with current pathological fracture
- ☐ M81.0 Age-related osteoporosis without current pathological fracture
- ☐ Other ICD-10 code: _____ Diagnosis Description: _____

Lab & Miscellaneous Orders:

- Fax lab results to physician after each visit: ☐ Yes ☐ No
- ☐ Serum Calcium Level ☐ Serum Vitamin D Level ☐ DEXA Scan ☐ Routine Oral Exam
- Additional lab orders prior to treatment: _____

Medication Orders:

- ☐ Evenity 210 mg once monthly x 6 months (may reorder once for a total of twelve months)
- Last Evenity dose: ____/____/____ Evenity dose number: _____
- Administer only to upper arm, upper thigh, or abdomen
- Max therapy duration is 12 months

Parameters

- ☐ Hold dose if serum calcium level is subtherapeutic (<8.8 mg/dL)
- ☐ Other Parameters: _____

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____

Patient Medical Information:

****Please include H&P and most recent notes with Treatment Plan****

Does patient have a history of myocardial infarction (MI) or stroke within the past year? ☐ Yes ☐ No

Evenity should NOT be initiated in patients with a history of MI or stroke within the past year!

Patient currently on Calcium and Vitamin D replacement? ☐ Yes ☐ No

Last Serum Calcium (mg/dL): _____ Date of Last Serum Calcium: _____

Original Diagnostic T-Score: _____ T-Score Date: _____

Last Oral Exam: ____/____/____ **If available attach dental records with this document**

If no dental records are available, please schedule checkup prior to initiation of therapy and consider repeating examination in 3 – 6 months

Prior Osteoporosis Treatment(s) (select all previous treatments):

☐ Alendronate (generic) ☐ Fosamax (alendronate sodium) Other: _____
☐ Actonel (risedronate sodium) ☐ Boniva (ibandronate sodium)

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw
☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.