

McLeod Health

Denosumab (Prolia) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

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 every 6 months
- Other: _____
- Order Duration: One year unless otherwise specified (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 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.