

# 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**

<input type="checkbox"/> McLeod Regional Medical Center (Florence)	<input type="checkbox"/> McLeod Health Loris	<input type="checkbox"/> McLeod Health Cheraw
<input type="checkbox"/> McLeod Health Seacoast (Little River)	<input type="checkbox"/> McLeod Health Dillon	<input type="checkbox"/> 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](mailto:medicationaccessteam@mcleodhealth.org).**