

McLeod Health

Octreotide (Sandostatin LAR) Treatment Plan

Patient Name: _____ DOB: _____

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

Patient Primary Phone Number: _____

Diagnosis (select one):

- ☐ E22.0 Acromegaly and pituitary gigantism ☐ R19.7 Diarrhea, unspecified
- ☐ E34.0 Carcinoid syndrome ☐ C7A.8 Other malignant neuroendocrine tumors
- ☐ C7A.00 Malignant carcinoid tumor of unspecified site
- ☐ Other: ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Octreotide (Sandostatin LAR) (J2353) via intramuscular injection
- Dose: ☐ 20 mg ☐ 30 mg ☐ Other: _____
- Frequency: ☐ Every 4 weeks ☐ Other: _____
- Order Duration: One year unless otherwise specified (Other: _____)
- Other: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received octreotide at another facility, please provide last date received: _____
- If patient has previously received another somatostatin analog, 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.