

# 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](mailto:medicationaccessteam@mcleodhealth.org).**