

# 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 for 12 months

Last Evenity dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evenity dose number: \_\_\_\_\_

Administer only to upper arm, upper thigh, or abdomen

Max therapy duration is 12 months unless otherwise specified: \_\_\_\_\_

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