

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.