

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
- 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

- 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.