meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

Osteoporosis

Physician Information

Send updates to: ○ Fax: _____ ○ Email: _____ ○ Text: _____

Prescriber Name:		○ MD ○ DO ○ NP ○ PA	NPI:
Office Contact:		Practice Name / Supervising MD:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ○ M ○ F	Weight:	Height:	Diabetic: ○ Y ○ N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ○ Y ○ N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

Clinical Information | PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code:	○ Generalized (M81.0) ○ Postmenopausal (M81.0) ○ Drug Induced (M81.8) ○ Idiopathic (M81.8) ○ NEC ○ Pagets Disease (M88.9) ○ Age Related Osteoporosis (M80.0)			
T-Score:	Previous Therapies:			
History of Fractures: ○ Y ○ N	Fracture Code:	Site Fracture Code:		
Date of Diagnosis: / /	First Dose: ○ Y ○ N			
TREATMENT ARRANGEMENTS:	Ship Meds: ○ Home ○ Doctor's Office	Start Date: / /	*Counseling and education provided by the Meijer Clinical Team	

Prescription Information

Medication	Quantity/Dose	Sig	Refills
○ **AREDIA**® ○ Vials	○ Number of 30 mg vials: _____ ○ Number of 60 mg vials: _____ ○ Number of 90 mg vials: _____	○ Infuse _____mg IV over _____ minutes once every _____	
○ **BONIVA**® ○ Tablet ○ PFS (IV use)	○ 1 carton (1x3mg/3ml)	○ Infuse 3 mg IV every 3 months over a period of 15 to 30 seconds	
○ **FORTEO**® ○ Prefilled Delivery Device *Needles Required	○ 1 carton (1x600mcg/2.4ml) ○ Pen needles - 1 Box of 30	○ Inject 20 mcg SQ every day ○ Use one needle daily with injection	
○ **PROLIA**® ○ PFS	○ 1 carton (1x60mg/ml)	○ Inject 60mg SQ every six months	
○ **RECLAST**® ○ Vial	○ 1 carton (1x5mg/100ml)	○ Infuse 5 mg IV over at least 15 minutes once every _____ year(s)	
○ **TYMLOS**™ ○ Pen *Needles Required	○ 1 carton (1x3120mcg/1.56ml) ○ 3 cartons (1x3120mcg/1.56ml) ○ Pen needles - 1 Box of 30	○ Inject 80 mcg SQ once daily ○ Use one needle daily with injection	
○ **ZOMETA**® ○ Vial	○ 1 carton (1x4mg/5ml)	○ Infuse 4 mg IV over no less than 15 minutes once every _____	
○ Other:			

Injection Training

○ Patient received injection training	○ Prescriber's office to provide injection training	○ Meijer to coordinate injection training

By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Physician Signature: Date	Physician Signature: Date
Substitution Permitted	Dispense as Written