meijer specialty pharmacy

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

New/Changed Dose

Osteoporosis

Boniva®, Evenity™, Forteo®, Prolia®, Reclast®, Teriparatide

Prescriber Information

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

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N
Address:	City:	State:	Zip:			
Home Phone:	Work/Cell:	HIPAA Contact:	Emergency #:			
Interpreter Needed? Y N	Allergies: Y N **If Yes, list allergies:**					

Insurance Information

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

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:	Osteoporosis with current pathological fracture (M80.____)	Osteoporosis without current pathological fracture (M81.____)	Age-related osteoporosis (M80.0____)	
Paget's Disease (M88)	Other:			
T-Score:	Previous Therapies:			
History of Fractures: Y N	Fracture Code:	Site Fracture Code:	Date of Diagnosis: / /	First Dose: Y N

Prescription Information

Medication	Quantity/Dose	Sig	Refills
BONIVA®	3 mg/ml PFS (for IV use)	Infuse 3 mg IV every 3 months over a period of 15 to 30 seconds	
EVENITY™	1 carton (2x105mg/1.17ml PFS)	Inject two syringes (210mg) SQ once monthly	
FORTEO® *Needles required	1 carton (1x600mcg/2.4ml Pen) 3 cartons (3x600mcg/2.4ml Pen) Pen needles - _____ box(es) of 30	Inject 20 mcg SQ every day Use one needle daily with injection	
PROLIA®	60mg/ml PFS	Inject 60mg SQ every six months	
RECLAST®	5mg/100ml vial	Infuse 5 mg IV over at least 15 minutes once every _____ year(s)	
TERIPARATIDE *Needles required	1 carton (1x620mcg/2.48ml Pen) 3 cartons (3x620mcg/2.48ml Pen) Pen needles - _____ box(es) of 30	Inject 20mcg SQ every day Use one needle daily with injection	
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.

Prescriber Signature	Date	Prescriber Signature	Date
Substitution Permitted		Dispense as Written	

If brand is required, please write "DAW" in the box to the right.