Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

Boniva®, Reclast®, Forteo®, Prolia®, Tymlos™ Referral Form

Auth #: _____ Auth Dates: _____ ☐ UPMC prior Auth form attached

Patient Information

Date: _____ Patient SS#: _____ ☐ Male ☐ Female

Patient's First Name: _____ Patient's Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

DOB: _____ Wt: _____ Caregiver/Emergency Contact: _____ Phone #: _____

Allergies: _____ Latex: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____

Insured: _____ Insured: _____

Phone: _____ Phone: _____

Policy #: _____ Grp #: _____ Policy #: _____ Grp #: _____

ICD10

Diagnosis: ☐ M81.0 Generalized Osteoporosis ☐ M81.0 Postmenopausal Osteoporosis ☐ M81.8 Idiopathic Osteoporosis

☐ M81.8 NEC Osteoporosis ☐ Other: _____

Prescription

Medication	Dose/Strength	Directions	Quantity	Refills
☐ Boniva®	3mg/3ml PFS Kit	Infuse 3mg IV Push every 3 months	3 month supply	
☐ Reclast®	5mg/100ml	Infuse 5mg IV over 15-20 minutes annually	1	
☐ Forteo®	☐ 600mcg/2.4 ml pen Needle: ☐ 32ga ☐ 30/31 ga ☐	Inject 20mcg SC once daily	28 day supply	
☐ Prolia®	☐ 60mg/1ml PFS	Inject 60mg SC every 6 months	1	
☐ Tymlos™	☐ 3120mcg/1.56 ml pen ☐ Needle: 31ga	Inject 80mcg SC once daily	1	

Prescriber Information

Date Shipment Needed: _____ Ship to: _____ Patient _____ Physician/Clinic

Ship to Other: _____

Physician's Name (please print): _____

Office Contact Name: _____

Phone #: _____ Fax #: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

FAX: (412) 920-1869 PHONE: (800) 366-6020

updated 3/7/16