Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

OSTEOPOROSIS

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

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

Patient Information

First Name: _____ Last Name: _____ DOB: _____ SSN: _____ ☐ Male ☐ Female
Address: _____ City: _____ State:_____ Zip: _____
Phone: _____ Alternate Phone: _____ Caregiver/ Emergency Contact: _____ Phone: _____
Weight: _____ Allergies: _____ Latex Allergy: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____
Insured: _____
Phone: _____
Policy #: _____ Group #: _____

Secondary Insurance: _____
Insured: _____
Phone: _____
Policy #: _____ Group #: _____

ICD 10

Diagnosis: ☐ M81.0 Generalized Osteoporosis ☐ M81.8 NEC Osteoporosis	☐ M81.0 Postmenopausal Osteoporosis ☐ M81.8 Idiopathic Osteoporosis	☐ Other: _____

Prescription Information

Medication	Dose/ Strength	Directions	Quantity	Refills
☐ Boniva®	☐ 3mg PFS	☐ IV every 3 months	1 PFS	
☐ Evenity®	☐ 105mg/1.17ml PFS	Administer 210mg (2 syringes) subcutaneously once every month for 12 doses in the abdomen, thigh, or upper arm		
☐ Forteo®	☐ 600mcg/2.4 ml pen Needle: ☐ 32ga ☐ 30/31ga	☐ Inject 20mcg SC once daily	☐ 28 day supply	
☐ Prolia®	☐ 60mg/1ml PFS	☐ Inject 60mg SC every 6 months	1	
☐ Reclast®	☐ 5mg/100ml	☐ Infuse 5mg IV over 15-20 minutes annually	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 ☐ Other: _____
Physician's Name: _____ Office Contact Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician's Signature: _____ Date: _____

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