PROLIA REFERRAL FORM

PATIENT INFORMATION *(Complete thefollowing or send patient's demographic sheet)*

Last Name _____ First Name _____ Sex □M □F _____ Date ofBirth

Address _____ Home Phone _____ Work/Mofole Phone _____

Medicare# _____ Medical# _____ Other _____ Facility _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis (ICD-10 code):

□ M81.0 Age-related osteoporosis without current pathological fracture

□ M80.0 Age-related osteoporosis with current pathological fracture □ Other:

- Is Patient pregnant, nursing, or planning pregnancy? □ Yes □ No □ *N/A* | Allergies:_____

Patient Evaluation:

- Is the patient currently taking a bisphosphonate? □ Yes □ No
  If Yes, will current bisphosphonate therapy be discontinued? □ Yes □ No
- Patient is currently taking Calcium and Vitamin D Supplements □ Yes □ No
- Does the patient have hypocalcemia? □ Yes □ No • Patient's Weight: _____Kgs/lbs.
- Is the patient at the risk of fracture? □ Yes □ No • Patient's height: _____ inches

Bone Mineral density Results:

- DXA Results (g/cm2):_____ T-Score: _____ Date: _____

Prior Failed Medications:

□ Generic Alendronate □ Fosamax □ Actonel □ Boniva □ Other

Reason for discontinuation of other therapy(ies) _____

Contraindications (if any)_____

PRESCRIPTION INFORMATION

MEDICATION	DIRECTIONS	QUANTITY	REFILL
☐ PROLIA	Inject 60mg SubQ every 6 months	1	_____

Prescriber Certification: I certify the above therapy is medically necessary and that the information above is accurate to the best of my knowledge I authorize the Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Physician Signature X_____ **Date:**_____ **Office contact:**_____

Physician Name:_____ **UPIN #**_____ **NPI #**_____ **DEA#**_____

Physician Address:_____ **Phone#**_____ **Fax** _____

By signing this document you authorize Southside pharmacy to contact insurance companies for prior authorization purposes.

FAX TO: (855) 822-7838

Specialty Pharmacy I IV Therapy I Home Health I Medical Equipment I Physicians billing

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