



Phone: (844) 431 – 7277

Fax: (844) 432 - 7277

Specialty Pharmacy Services Enrollment Form

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

Osteoporosis

For pharmacy locations, please scan QR code.



**PATIENT INFORMATION**

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		

**PRESCRIBER INFORMATION**

Prescriber Name:	MD DO NP PA NPI:
Supervising Physician, if applicable:	
Address:	City:
State:	Zip:
Phone:	Fax:

**INSURANCE INFORMATION | PLEASE SEND COPY OF INSURANCE CARD**

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

**CLINICAL INFORMATION | PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS**

ICD-10 Diagnosis Code:	Age-Related Osteoporosis with Fracture (M80.0)	Other Osteoporosis with Fracture (M80.8)	Age-Related Osteoporosis without Fracture (M81.8)	
	Other Osteoporosis without Fracture	Disorder of Bone Density and Structure, Unspecified (M85.9)	Disorders of Bone, Unspecified (M89.9)	
Is the patient currently on therapy? Please list all therapies tried.				
Yes (List Below)		No		
Medication	Dose/Strength	Sig	Quantity	Refills

**PRESCRIPTION INFORMATION**

Medication	Dose/Strength	Sig	Quantity	Refills
<b>Forteo</b> Pre-Filled Syringe	600 mcg/2.4 mL	Inject 20 mcg SQ once daily		
<b>Prolia</b> Pre-Filled Syringe	60 mg/mL	Inject 60 mg SQ once every 6 months		
<b>Reclast</b> IV	40 mg/0.4mL 100 mg/mL	5 mg IV infusion over at least 15 minutes, given once yearly 5 mg IV infusion over at least 15 minutes, given every other year Inject 300 mg SQ every 4 weeks		
<b>Abaloparatide</b> Pre-filled pen	100 mg/mL	Inject 80 mcg SQ once daily		
<b>Xgeva</b> Vial	120 mg/1.7mL	Inject 120 mg SQ every 4 weeks		
<b>Zoledronic Acid</b> Vial	4 mg/5mL 5 mg/100mL	4 mg IV infusion over a minimum of 15 minutes as a single dose 4 mg IV infusion over a minimum of 15 minutes given every 6 months 5 mg IV infusion over at least 15 minutes as a single dose		

**INJECTION TRAINING**

Patient received injection training	Prescriber's office to provide injection technique	Price Chopper Specialty to coordinate injection training
By signing this form and utilizing our services, you are authorizing Price Chopper Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.		
Prescriber Signature:	Date:	Prescriber Signature: Date:
Substitution Permitted:		Issued: Dispense as Written

Interchange is mandated unless the practitioner indicates 'Dispense as Written' or 'No Substitution' in accordance with the law.

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