

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Prolia™ (denosumab) Enrollment Form

Patient Information:

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name	Insurance Name	Insurance Name
Cardholder Name SSN	Cardholder Name SSN	Member ID
Group / Policy Number	Group / Policy Number	BIN Number Group Number

Physician Information:

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician's DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity: PLEASE INCLUDE A COPY OF CHART DOCUMENTATION OF DIAGNOSIS CODES

- 733.00 Osteoporosis, unspecified 733.01 Senile osteoporosis, postmenopausal osteoporosis 733.09 Osteoporosis, other
- Secondary diagnostic coding:** 995.29 Unspecified adverse effect of other drug, medicinal or biological substance
- V45.72, V45.75 Acquired absence of intestine, stomach 530.3 Stricture and stenosis of the esophagus 530.0 Achalasia or cardiospasm
- 530.20-530.21 Ulcer of the esophagus V12.79 Personal history of other digestive system disease 710.1 Systemic sclerosis

Medical History : Please send copy of current labs (labs must have been drawn in the last 90 days)

Patient Weight: ____ (Lbs) / ____ (Kgs) Height: _____ Lab: Calcium Level >8.0mg/dl Yes No
Lab Draw Date: _____

Prior Treatment History (if any)

- Generic Alendronate Fosamax® (alendronate sodium) Actonel (®) risedronate sodium Boniva ® (ibandronate sodium)
- Other: _____
- Please note any prior treatment failures for osteoporosis

Prescription Orders:

Prolia™ 60mg pre-filled syringe (include injection supplies)

- Sig: Inject subcutaneously 60mg every six months for one year

Or

- As directed by Prescribing Physician (Specify) _____

Allergies: _____

Lab Orders: _____

Physician's signature _____

Date _____

Fax completed form to (214)887-0436.

For Insurance / Clearance questions call (214) 276-5642. For Pharmacy / Clinical questions call (214) 276-5623 or e-mail mike.ellis@ntisp.org. Include the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Prolia.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark