



Pharmacy Phone: 866-778-8255  
 Pharmacy Fax: 800-432-6614  
 pharmacy@skyemed.com

### Patient Information

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 M  F

### Physician Information

Physician Name: \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 NPI: \_\_\_\_\_

### Pertinent Medical Information\*

M81.0 (Age-related osteoporosis without current pathological fracture)  Other (specify ICD-10 Code): \_\_\_\_\_  
 M80.0 (Age-related osteoporosis with current pathological fracture...) Please provide secondary ICD-10 Code, if applicable: \_\_\_\_\_  
 Please provide complete code (see next page for details)

T-Score (if known): \_\_\_\_\_  
 History of osteoporotic fracture  Yes  No  Not known Skeletal site (if known): \_\_\_\_\_  
 Other risk factors for osteoporotic fracture (if any): \_\_\_\_\_

#### History of Prior (Failed or Intolerant) Osteoporosis Therapy (if any):

Generic Alendronate  Fosamax® (alendronate sodium)  Actonel® (risedronate sodium)  
 Boniva® (ibandronate sodium)  Other: \_\_\_\_\_

Reason for discontinuing previous osteoporosis therapy(ies): \_\_\_\_\_  
 Contraindications (if any): \_\_\_\_\_  
 Other pertinent medical information (eg, calcium and vitamin D supplementation): \_\_\_\_\_

\* The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement and include potential codes that would include FDA-approved indications for Prolia®. Other codes may be more appropriate given internal system guidelines, payer requirements, practice patterns, and the services rendered.

### Insurance Information (Note: for Medicare patients, provide Pharmacy Insurance Information)

Check one of the following:  
 **Attach a copy of insurance card front AND back.**  
 **Provide insurance information in space provided below:**  
 Name of Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Insurance Patient ID #: \_\_\_\_\_ Insurance Telephone #: \_\_\_\_\_  
 **I do not have this information. Pharmacist, please call patient to collect insurance information.**

### Prescription Information

Product Name/Strength: Prolia® 60 mg pre-filled syringe Directions: 60 mg SC every 6 months Refill: \_\_\_\_\_  
 State Lic #: \_\_\_\_\_ DEA #: \_\_\_\_\_  
 Ship to:  Physician Office  Patient

**Prescriber Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_

Key safety considerations for Prolia® include: hypersensitivity including anaphylaxis, hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, serious infections, dermatologic adverse events, musculoskeletal pain, and long-term suppression of bone remodeling.

**Please see Indication and Important Safety Information on page 3, and the accompanying Prolia® full Prescribing Information, including Medication Guide.**

# Examples of Relevant ICD-10 Codes for Prolia® Patients

(This page is for your reference only; it does not need to be faxed)



<b>M81.0</b>	Age-related osteoporosis without current pathological fracture
<b>M80.0</b> __ __	Age-related osteoporosis with current pathological fracture, [laterality] [anatomic site] [encounter type]

Anatomic Site & Laterality	Encounter Type					
	Initial encounter for fracture	Subsequent encounter for fracture with routine healing	Subsequent encounter for fracture with delayed healing	Subsequent encounter for fracture with nonunion	Subsequent encounter for fracture with malunion	Sequela
<b>UNSPECIFIED SITE</b>	M80.00XA	M80.00XD	M80.00XG	M80.00XK	M80.00XP	M80.00XS
<b>SHOULDER</b>						
Right	M80.011A	M80.011D	M80.011G	M80.011K	M80.011P	M80.011S
Left	M80.012A	M80.012D	M80.012G	M80.012K	M80.012P	M80.012S
Unspecified	M80.019A	M80.019D	M80.019G	M80.019K	M80.019P	M80.019S
<b>HUMERUS</b>						
Right	M80.021A	M80.021D	M80.021G	M80.021K	M80.021P	M80.021S
Left	M80.022A	M80.022D	M80.022G	M80.022K	M80.022P	M80.022S
Unspecified	M80.029A	M80.029D	M80.029G	M80.029K	M80.029P	M80.029S
<b>FOREARM</b>						
Right	M80.031A	M80.031D	M80.031G	M80.031K	M80.031P	M80.031S
Left	M80.032A	M80.032D	M80.032G	M80.032K	M80.032P	M80.032S
Unspecified	M80.039A	M80.039D	M80.039G	M80.039K	M80.039P	M80.039S
<b>HAND</b>						
Right	M80.041A	M80.041D	M80.041G	M80.041K	M80.041P	M80.041S
Left	M80.042A	M80.042D	M80.042G	M80.042K	M80.042P	M80.042S
Unspecified	M80.049A	M80.049D	M80.049G	M80.049K	M80.049P	M80.049S
<b>FEMUR</b>						
Right	M80.051A	M80.051D	M80.051G	M80.051K	M80.051P	M80.051S
Left	M80.052A	M80.052D	M80.052G	M80.052K	M80.052P	M80.052S
Unspecified	M80.059A	M80.059D	M80.059G	M80.059K	M80.059P	M80.059S
<b>LOWER LEG</b>						
Right	M80.061A	M80.061D	M80.061G	M80.061K	M80.061P	M80.061S
Left	M80.062A	M80.062D	M80.062G	M80.062K	M80.062P	M80.062S
Unspecified	M80.069A	M80.069D	M80.069G	M80.069K	M80.069P	M80.069S
<b>ANKLE AND FOOT</b>						
Right	M80.071A	M80.071D	M80.071G	M80.071K	M80.071P	M80.071S
Left	M80.072A	M80.072D	M80.072G	M80.072K	M80.072P	M80.072S
Unspecified	M80.079A	M80.079D	M80.079G	M80.079K	M80.079P	M80.079S
<b>VERTEBRA(E)</b>	M80.08XA	M80.08XD	M80.08XG	M80.08XK	M80.08XP	M80.08XS

Note that these diagnosis code examples are informational and should not be a substitute for an independent clinical decision. They are not intended to be directive or a guarantee of reimbursement. Please contact your payer with questions.

**If you have any questions, please contact Skyemed Pharmacy at 866-778-8255**