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Specialty Pharmacy Services You Can Rely On

15 Earhart Drive, Suite 101, Amherst, NY 14221

FORTEO & TYMLOS AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date:
Date of birth: Sex: Weight:	Prescriber: Specialty:
Home Phone Number:	Phone Number: Fax Number:
Home Address/City/State/Zip:	Address/City/State/Zip:
Payor: ☐ Commercial ☐ Medicare ☐ Medicaid ☐ Self-funded ☐ Independent Health ☐ Anne Arundel Health System ☐ Pharmacy Benefit Dimensions Insurance ID: Group Number:	Office Contact: Notes: Allergies:

DRUG SELECTION:

☐ New Authorization ☐ Re-authorization Request

☐ **Tymlos** ☐ **Forteo**

Dose:_____Frequency:_____

Will medication be self-injected? ☐Yes ☐No

STATEMENT OF MEDICAL NECESSITY:

Primary Diagnosis: _____

ICD10 Code: _____

Prior Treatments: _____

_____

Current Treatment:_____

_____

Has patient tried and failed to tolerate or respond to (or have a contraindication to) treatment with preferred formulary medication? *(bisphosphates, RANK-Ligand inhibitors, Estrogen agonist/antagonist, calcitonin)* ☐Yes ☐No

Female patient post-menopausal? ☐Yes ☐No

Does patient have any of the following?

- ☐Paget's disease of the bone? ☐Yes ☐No
- ☐ Open epiphyses ☐Yes ☐No
- ☐ Pre-existing hypercalcemia ☐Yes ☐No
- ☐Bone metastases or a history of skeletal malignancies? ☐Yes ☐No
- ☐Prior radiation therapy involving skeleton? ☐Yes ☐No
- ☐Hereditary disorders predisposing to osteosarcoma ☐Yes ☐No

Wil patient receive concurrent Vitamin D and calcium supplements? ☐ Yes ☐ No

Patient has a history of osteoporotic fracture? ☐ Yes ☐ No

OR at least two of the following:

☐History of frequent falls

☐Bone density t-score more than 2.5 standard deviations below the mean
If yes: T-Score_____ Date_____

☐Limited movement, such as using a wheelchair

☐Medical conditions likely to cause bone loss or increase the risk of fracture
If yes please list_____
_____

☐Concurrent use of medications that may cause bone loss
If yes please list_____
_____

☐Concurrent use of medications that increase the risk of falls
If yes please list_____
_____