

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:	
Member's Insurance ID:		Office Contact:	
Allergies:		Notes:	

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?

- | | |
|---|--|
| <input type="checkbox"/> Paget's disease of the bone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Open epiphyses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Pre-existing hypercalcemia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Bone metastases or a history of skeletal malignancies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Prior radiation therapy involving skeleton? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hereditary disorders predisposing to osteosarcoma | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will 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 _____