



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 Needed:
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 Phone: Office Fax Number:
Allergies: Office Contact:

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

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