

Prior Authorization (PA) Form
FORTEO® OR TYMLOS™

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc. If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name:

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First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

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Gender: Male Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NPI Number:

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Phone Number:

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Fax Number:

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DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

<https://providers.anthem.com/va>

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Member's Last Name:

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Member's First Name:

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DIAGNOSIS AND MEDICAL INFORMATION

1. Is the member 18 or older?

Yes No

2. Does the member have a confirmed diagnosis of osteoporosis?

Yes No

3. Has the member experienced a therapeutic failure or inadequate response to at least two bisphosphonates?

Yes No

If NO, is the member unable to receive or have a contraindication to a bisphosphonate?

Yes No

List details: _____

4. Is the member a male requiring increased bone mass with primary or hypogonadal osteoporosis?

Yes No

5. Is the member at a high risk for fractures?

Yes No

6. Will the member be taking calcium and vitamin D supplementation if dietary intake is inadequate?

Yes No

7. Does the member have a documented Hip DXA (femoral neck or total hip) or lumbar spine T-score -2.5 (standard deviations) or below?

Yes No

8. Does the member have Bone Mineral Density (BMD) of -3 or worse?

Yes No

9. Is the member a postmenopausal woman with history of non-traumatic fracture(s)?

Yes No

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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10. Is the member a postmenopausal woman with two or more of the following clinical risk factors:
- Family history of non-traumatic fracture(s)
 - DXA BMD T-score ≤ -2.5 at any site
 - More than 2 alcohol beverages per day
 - Glucocorticoid use* (≥ 6 months of use at 7.5 dose of prednisolone equivalent)
 - History of non-traumatic fracture(s)
 - Rheumatoid Arthritis
 - Current smoker
11. Member is not at increased risk for osteosarcoma (e.g., Paget's disease of bone, bone metastases or skeletal malignancies, etc.)?
- Yes No
12. Member has not received therapy with parathyroid hormone analogs (e.g., Forteo) in excess of 24 months in total?
- Yes No

Prescriber Signature (Required)

Date

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process. Submission of documentation does NOT guarantee coverage.

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at **800-901-0020**.

The completed form may be **FAXED TO 844-512-7020**.