### BONE DENSITY REGULATORS – EVENITY / FORTEO / TERIPARATIDE / TYMLOS PRIOR AUTHORIZATION FORM (form effective 01/05/2021)

Prior authorization guidelines for Bone Density Regulators and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan’s website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

<table>
<thead>
<tr>
<th>New request</th>
<th>Renewal request</th>
<th>Total # pages:</th>
<th>Prescriber name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of office contact:</td>
<td>Specialty:</td>
<td>NPI:</td>
<td>State license #:</td>
</tr>
<tr>
<td>Contact’s phone number:</td>
<td></td>
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</tr>
<tr>
<td>Facility contact/phone:</td>
<td>Street address:</td>
<td></td>
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</tr>
<tr>
<td>Beneficiary name:</td>
<td>Suite #:</td>
<td>City/state/zip:</td>
<td></td>
</tr>
<tr>
<td>Beneficiary ID#:</td>
<td>DOB:</td>
<td>Phone:</td>
<td>Fax:</td>
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</table>

**CLINICAL INFORMATION**

**Medication requested:**
- [ ] Evenity injection
- [ ] teriparatide injection
- [ ] Forteo injection
- [ ] Tymlos injection
- [ ] other: ____________________________________

**Directions:**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Refills:</th>
</tr>
</thead>
</table>

**Diagnosis (submit documentation):**

**DX code (required):**

### INITIAL requests

<table>
<thead>
<tr>
<th>T-score:</th>
<th>Date of test:</th>
<th>Submit documentation and results of BMD testing.</th>
</tr>
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</table>

- [ ] Do any of the following apply to the beneficiary? *Check all that apply.*
  - Has a history of fragility fracture
  - Has a history of multiple vertebral fractures

- [ ] Was the beneficiary evaluated for other possible causes of osteoporosis, including the following laboratory tests? *Check all that apply.*
  - CBC
  - albumin
  - thyroid stimulating hormone (TSH)
  - vitamin D
  - total protein
  - urinary calcium excretion
  - ionized calcium
  - creatinine
  - intact parathyroid hormone (PTH)
  - phosphorous
  - liver enzymes/LFTs
  - testosterone (if male)

- [ ] Requests for Forteo or Tymlos: Does the beneficiary have a history of any of the following? *Check all that apply.*
  - Paget’s disease
  - bone metastases
  - skeletal malignancy
  - open epiphyses
  - metabolic bone disorder other than osteoporosis
  - prior external beam or implant radiation therapy involving the skeleton
  - unexplained elevations in alkaline phosphatase
  - hypercalcemic disorders

- [ ] Requests for Evenity: Does the beneficiary have a history of either of the following: *Check all that apply.*
  - myocardial infarction
  - stroke

- [ ] Does the beneficiary have a history of trial and failure of (i.e., documented continued bone loss or a fragility fracture after 2 or more years of treatment) or contraindication or intolerance to bisphosphonates (e.g., alendronate, risedronate, zoledronic acid, etc.)?

- [ ] Has the beneficiary been using or previously used an anabolic Bone Density Regulator (Forteo/teriparatide, Tymlos [abaloparatide], Evenity [romosozumab])?

- [ ] Requests for Evenity or Tymlos: Does the beneficiary have a history of trial and failure of or contraindication or intolerance to Forteo?

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### Requests for teriparatide:
Does the beneficiary have a contraindication or intolerance to brand name Forteo that would not be expected to occur with teriparatide?

<table>
<thead>
<tr>
<th>Yes – Submit documentation</th>
<th>No</th>
</tr>
</thead>
</table>

### RENEWAL requests
Since the requested medication was last approved, did the beneficiary have a follow-up bone mineral density (BMD) test performed?

<table>
<thead>
<tr>
<th>Yes – Submit documentation of BMD test results</th>
<th>No</th>
</tr>
</thead>
</table>

Please submit to PromptPA [https://ghp.promptpa.com](https://ghp.promptpa.com) OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

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