

Parathyroid Hormone Analogs

Evenity (romosozumab-aqqg), Forteo (teriparatide), Tymlos (abaloparatide)

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information	
* indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Medically Billed Information	
* indicates required field for all medically billed products	
*Diagnosis Code:	*HCPCS Code:
*Dosing Frequency:	*HCPCS Units per dose:
Servicing Provider Name:	NPI:
Servicing Provider Address:	
Facility/Clinic Name:	NPI:
Facility/Clinic Address:	
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Criteria for Approval (all of the following must be met):

- Diagnosis of one of the following:
 - Postmenopausal osteoporosis. Chart note page #: _____
 - Osteoporosis due to sustained systemic glucocorticoid therapy. (**Forteo only**). Chart note page #: _____
 - Osteoporosis due to primary hypogonadism in males. (**Forteo only**). Chart note page #: _____
- Very High risk for fracture defined as:
 - Intolerance to antiresorptive therapy (bisphosphonates, denosumab) **OR**
 - Osteoporotic fracture while on antiresorptive therapy **OR**
 - Previous osteoporotic fracture **OR**
 - ≥ 40 years old with one of the following:
 - T-score ≤ -2.5 at the femoral neck or spine
 - T-score between -1.5 and -2.0 with a 10-year probability of major osteoporotic fracture ≥ 20% or hip fracture ≥ 3%

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Note:

- ❖ **Boxed warning:** Evenity (romosozumab-aqqg) may increase the risk of myocardial infarction, stroke, and cardiovascular death. It should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Consider whether the benefits outweigh the risks in patients with other cardiovascular risk factors. If a patient experiences a myocardial infarction or stroke during therapy, therapy should be discontinued.

Initial Authorization: Up to 12 months for Evenity, up to 24 months for Forteo and Tymlos.

Re-authorization: None, lifetime limits apply.

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date