

**MHS PHARMACY BENEFIT
BONE FORMATION STIMULATING AGENTS PRIOR AUTHORIZATION REQUEST FORM**

MHS
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Today's Date
 / /

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid # <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Name	Prescriber's Name
Prescriber's IN License # <input type="text"/>	Specialty
Prescriber's NPI # <input type="text"/>	Prescriber's Signature
Return Fax # <input type="text"/> - <input type="text"/> - <input type="text"/>	Return Phone # <input type="text"/> - <input type="text"/> - <input type="text"/>
Check box if requesting retroactive PA <input type="checkbox"/>	Date(s) of service requested for retroactive eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication and Strength	Dosage Regimen	Treatment Duration

PA Requirements for ALL Agents:

Member has a diagnosis of osteoporosis Yes No

Member is 18 years of age or older Yes No

Select one of the following:

- Member has previously tried and failed bisphosphonate therapy
Drug/dose/date(s) of use: _____
- Member has a contraindication to use of bisphosphonate therapy
- Member has been determined to be a high risk patient as demonstrated by the World Health Organization (WHO) Fracture Risk Assessment Model

Request is for renewal of therapy Yes No

If **yes**, provide date range or number of months member has received therapy:

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PA Requirements for FORTEO (preferred):

Does the member have any of the following diagnoses or prior treatments: Paget’s disease of bone, prior radiation therapy involving skeleton, bone metastases or skeletal malignancies, metabolic bone disease other than osteoporosis, pre-existing hypercalcemia (CA+++>12mg/dL) Yes No

PA Requirements for BONISITY or TERIPARATIDE:

Does the member have any of the following diagnoses or prior treatments: Paget’s disease of bone, prior radiation therapy involving skeleton, bone metastases or skeletal malignancies, metabolic bone disease other than osteoporosis, pre-existing hypercalcemia (CA+++>12mg/dL) Yes No

Member has tried and failed Forteo Yes No Dates of use: _____

If **no**, provide medical justification for use over Forteo:

PA Requirements for EVENITY:

Does the member have any of the following diagnoses or prior treatments: Pre-existing hypocalcemia, myocardial infarction or stroke within the previous year, osteonecrosis of the jaw Yes No

Member is a post-menopausal female Yes No

Member has tried and failed Forteo Yes No Dates of use: _____

If **no**, provide medical justification for use over Forteo:

PA Requirements for TYMLOS:

Does the member have any of the following diagnoses or prior treatments: Paget’s disease of bone, prior radiation therapy involving skeleton, bone metastases or skeletal malignancies, metabolic bone disease other than osteoporosis, pre-existing hypercalcemia (CA+++>12mg/dL) Yes No

Member is a post-menopausal female Yes No

Member has tried and failed Forteo Yes No Dates of use: _____

If **no**, provide medical justification for use over Forteo:

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