

**INDIANA HEALTH COVERAGE PROGRAMS PHARMACY BENEFIT
FORTEO PRIOR AUTHORIZATION REQUEST FORM**



Pharmacy Benefit Management (PBM) Call Center
4550 Victory Lane
Indianapolis, IN 46203
Phone: (866) 879-0106 Fax: (866) 780-2198



Today's Date

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

Patient's Medicaid #	□□□□□□□□□□	Date of Birth	□□ / □□ / □□□□
Patient's Name	Prescriber's Name		
Prescriber's IN License #	□□□□□□□□	Specialty	
Prescriber's NPI #	□□□□□□□□□□	Prescriber's Signature	
Return Fax #	□□□□ - □□□□ - □□□□	Return Phone #	
		□□□□	- □□□□ - □□□□

Drug Name & Strength: _____ **Dosage & Length of Therapy:** _____

Mark the applicable prescribing situation and answer questions as specified

<p>1. Does patient have a diagnosis of osteoporosis?</p> <p align="center">AND</p> <p>2. Did patient fail or is the patient intolerant of previous osteoporosis therapy with a <i>preferred</i> bisphosphonate?</p>	<p>1. If first-line therapy, does patient have a diagnosis of osteoporosis?</p> <p align="center">AND</p> <p>2. Has patient been determined to be a high risk patient as demonstrated by the World Health Organization (WHO) Fracture Risk Assessment Model?</p> <p>World Health Organization (WHO) Fracture Risk Assessment Model, Link http://www.shef.ac.uk/FRAX/</p>	<p><input type="checkbox"/> Patient has Paget's disease of bone</p> <p><input type="checkbox"/> Patient is a pediatric patient (age < 18)</p> <p><input type="checkbox"/> Patient has had a prior radiation therapy involving the skeleton</p> <p><input type="checkbox"/> Patient has bone metastases or skeletal malignancies</p> <p><input type="checkbox"/> Patient has a metabolic bone disease other than osteoporosis</p> <p><input type="checkbox"/> Patient has pre-existing hypercalcemia (Ca++ > 12mg/dL)</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: Mark the Yes Box only if answers to BOTH questions above are "yes".</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: Mark the Yes Box only if answers to BOTH questions above are "yes".</p>	<p>The patient categories listed above should not be treated with Forteo (refer to package insert). If any of the above are marked, the PA request will be denied.</p>

Additional pertinent clinical summary:

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