Parathyroid Hormone Derivatives

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082

Date of request:			
Patient	Date of birth	Molina ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation demonstrating disease stability or a positive clinical response (e.g., patient has not suffered a fragility fracture, bone mineral density continues to improve/remain stable)? ☐ Yes ☐ No

2. Indicate patient's diagnosis:
   - ☐ Postmenopausal osteoporosis
   - ☐ Male osteoporosis; Indicate patient's biological gender _____
   - ☐ Glucocorticoid-induced osteoporosis
   - ☐ Other, specify: _____

3. Will the medication be used in combination with other bone density regulators (e.g., bisphosphonates, raloxifene, RANKL inhibitor)? ☐ Yes ☐ No

4. Indicate if patient has any of the following:
   - ☐ Presence of fragility fractures of the hip or spine regardless of bone mineral density
   - ☐ T-score ≤ -2.5 in the lumbar spine, femoral neck, total hip
   - ☐ T-score between -1 and -2.5 with a history of recent fragility fracture of proximal humerus, pelvis, or distal forearm
   - ☐ T-score between -1 and -2.5 with a FRAX 10-year probability for major fracture ≥20% or hip fracture ≥3%

5. Has the patient been treated with at least one Apple Health Preferred Drug (oral or intravenous) unless ineffective, contraindicated or not tolerated? Check all that apply:

☐ Bisphosphonate (minimum trial of 12 months), specify: _____
☐ Selective estrogen receptor modulator (SERM) (minimum trial of 24 months), specify: _____
☐ Other, specify: _____

For teriparatide requests only:

6. Has treatment duration exceeded a total of 24 months of cumulative use of a parathyroid hormone during patient's lifetime? ☐ Yes ☐ No
   If yes, does the patient remain, or has returned to, having high or very high fracture risk? Check all that apply:
   - ☐ fracture in the past 12 months
   - ☐ fracture while on osteoporosis therapy
   - ☐ history of multiple fractures
   - ☐ fractures while on long-term glucocorticoids
   - ☐ T-score ≤ -3.0, high risk for falls or a history of injurious falls
   - ☐ FRAX 10-year probability for major fracture >30% or hip fracture >4.5%

For first line therapy for severe osteoporosis:

7. Indicate if patient has any of the following:
   - ☐ History of multiple fragility fractures
   - ☐ T-score ≤ -2.5 with a fragility fracture
   - ☐ T-score ≤ -3 regardless of previous therapy

For the diagnosis of Glucocorticoid Induced Osteoporosis:

8. Does patient have a history of or is currently taking sustained systemic glucocorticoid therapy (daily dosage equivalent to ≥ 5 mg of prednisone) [minimum use of 3 months]?
   ☐ Yes ☐ No

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date