



Sclerostin Inhibitors

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. Has patient previously received the requested medication? Yes No
If yes, indicate the duration and dates received:
Duration: _____
Date(s) received: _____
2. Indicate patient's diagnosis:
 Postmenopausal osteoporosis
 Other, specify: _____
3. Will the medication be used in combination with other bone density regulators (e.g., bisphosphonates, raloxifene, RANKL inhibitors)? 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 $\geq 20\%$ or hip fracture $\geq 3\%$
5. Has the patient been treated with at least one Apple Health Preferred Drug (oral or intravenous) unless ineffective, contraindicated or not tolerated? Please select all that apply:
 Bisphosphonate medication (minimum trial of 12 months)
 Prolia (minimum trial of 12 months)
 Selective estrogen receptor modulator (SERM) medication (minimum trial of 24 months)
 Other, specify: _____

Request for first line therapy for severe osteoporosis:

6. Are parathyroid hormone analogs contraindicated or not tolerated?

Yes No

7. Indicate if patient has any of the following:

History of multiple fragility fractures

T-score \leq -2.5 with a fragility fracture

T-score \leq -3 regardless of previous therapy

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature

Prescriber specialty

Date