

**Forteo**  
**Prior Authorization Request**

**Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155**

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the indication?  
 Postmenopausal osteoporosis  
 Primary (idiopathic) or hypogonadal osteoporosis  
 Glucocorticoid-induced osteoporosis  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is the patient currently on Forteo therapy **OR** has the patient received Forteo in the past?  
 Yes  No *If No, skip to diagnosis section*
4. How many months of Forteo therapy has the patient received **in their lifetime**? \_\_\_\_\_ months

**Complete the following section based on the patient's diagnosis, if applicable.**

Section A: Postmenopausal Osteoporosis

5. Does the patient have a history of fragility fractures? *If Yes, no further questions*  Yes  No
6. Does the patient have any indicators of higher fracture risk?  
 Yes, **indicate and skip to #8:** \_\_\_\_\_  No
7. Has the patient failed prior treatment with or is intolerant to previous osteoporosis therapy (i.e., oral bisphosphonates or injectable antiresorptive agents)?  Yes  No
8. What is the patient's pre-treatment T-score? \_\_\_\_\_  Unknown  
***If less than or equal to -2.5 (ex. -3, -4), no further questions.***
9. What is the patient's pre-treatment FRAX score for any major fracture\*? \_\_\_\_\_ %  Unknown  
*\*Calculator available at <http://www.shef.ac.uk/FRAX/tool.jsp>*
10. What is the patient's pre-treatment FRAX score for hip fracture\*? \_\_\_\_\_ %  Unknown  
*\*Calculator available at <http://www.shef.ac.uk/FRAX/tool.jsp>*

Section B: Glucocorticoid-Induced Osteoporosis, Primary (Idiopathic) or Hypogonadal Osteoporosis

11. *If diagnosis is primary (idiopathic) or hypogonadal osteoporosis*, does the patient have a history of an osteoporotic vertebral or hip fracture? *If Yes, no further questions*  Yes  No, *skip to #16*

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12. Has the patient had at least a 1-year trial of an oral bisphosphonate?  Yes, *indicate:* \_\_\_\_\_  No
13. *If patient has not had at least a 1-year trial of an oral bisphosphonate, is there a clinical reason to avoid treatment with an oral bisphosphonate? Indicate below or mark "None of the above"*
- Esophageal abnormality that delays emptying such as stricture or achalasia
  - Active upper gastrointestinal problem (eg, dysphagia, gastritis, duodenitis, erosive esophagitis, ulcers )
  - Inability to stand or sit upright for 30 to 60 minutes
  - Inability to take oral bisphosphonate at least 30 to 60 minutes before first food, drink or medication of the day
  - Renal insufficiency (creatinine clearance less than 30 ml/min)
  - Other \_\_\_\_\_
  - None of the above
14. Is the patient currently receiving or will be initiating glucocorticoid therapy?  Yes  No
15. Does the patient have a history of a fragility fracture? *If Yes, no further questions*  Yes  No
16. What is the patient's pre-treatment T-score? \_\_\_\_\_  Unknown  
*If less than or equal to -2.5 (ex. -3, -4), no further questions.*
17. What is the patient's pre-treatment FRAX score for any major fracture\*? \_\_\_\_\_ %  Unknown  
*\*Calculator available at <http://www.shef.ac.uk/FRAX/tool.jsp>*
18. What is the patient's pre-treatment FRAX score for hip fracture\*? \_\_\_\_\_ %  Unknown  
*\*Calculator available at <http://www.shef.ac.uk/FRAX/tool.jsp>*

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X** \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**