

**Physician Prior Authorization Form for Forteo<sup>®</sup>, Boniva<sup>®</sup> Inj, or Relast<sup>®</sup>**

Fax non-urgent requests to PerformRx Pharmacy Services at 877-693-8280 or urgent requests to 877-693-8476.

Urgent requests should be reserved for situations in which the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

To speak to a representative, call 800-578-0898. Form must be completed for processing



Patient's Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg

Birth Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ LTC member  Yes  No, Date Admitted \_\_\_\_\_

**Attach Additional Information if Necessary**

Drug Requested (name): \_\_\_\_\_ Dose: \_\_\_\_\_ Sig: \_\_\_\_\_

Drug to be administered from (on): \_\_\_\_\_ to \_\_\_\_\_ Or was administered on: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Diagnosis Code: \_\_\_\_\_

T-score: \_\_\_\_\_ Date: \_\_\_\_\_

Probability within the next ten years of a hip fracture \_\_\_\_\_ % or major osteoporosis-related fracture \_\_\_\_\_ % (based on US-adapted WHO algorithm)

Osteoporotic fracture(s): Date: \_\_\_\_\_ Site(s): \_\_\_\_\_

Deliver to:  
 Physician's Office  Patient's Home  Patient filling at local Pharmacy (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

**Prior Therapies** (please document any previous therapies (including the name of the medication) that were tried and failed and reason for discontinuation (intolerance, hypersensitivity, other medical reasons, etc.). Please attach any need extra documentation.)

Drug	Dose	Start Date	End Date	Comments
Calcium w/Vitamin D				
<u>Oral Bisphosphonate:</u> Name(s):				
<u>Other(s):</u> Name(s):				

**Additional Comments** (please attach additional information if needed):