

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Forteo (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at **1-855-799-2554**.

When conditions are met, we will authorize the coverage of Forteo (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(please circle)*

Forteo (teriparatide)

Other, please specify _____

Quantity _____ Frequency _____ Strength _____

Route of Administration _____ Expected Length of therapy _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Is the request for continuation of therapy? Y N

[If yes, skip to question 6.]

2. Is Forteo being requested for one of the following? 1) For the treatment of postmenopausal women with osteoporosis at high risk for fracture, 2) increase of bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture, or 3) treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture. Y N

[If no, no further questions.]

3. Does the patient have documentation of ANY of the following in medical records? Y N

-Diagnosis of osteoporosis AND a DXA hip (femoral neck) or spine T-score less than or equal to -2.5 (dated within the past year) OR

-History of a fracture of the spine or hip OR

-History of T-score between -1.0 and -2.5 AND FRAX (WHO Fracture Risk Assessment Tool) major osteoporotic fracture probability is at least 20% or hip fracture probability is 3%.

[If no, no further questions.]

4. Is the patient at high risk for fracture? NOTE: High risk may be defined as a history of osteoporotic fracture, or having multiple risk factors for fracture (see Appendix: Risk factor chart). DXA test result summaries may assist in determining risk for fracture. Y N

[If yes, no further questions.]

5. Has the patient had a trial (minimum 12 months) and failure of Reclast (zoledronate)? Y N

[No further questions.]

NOTE: Failure may be defined as a lack of desired improvement in bone mineral density.

6. Do medical records demonstrate a stable BMD within interventional goals or an increasing BMD after a minimum trial of one year of therapy AND meet ALL of the following criteria? 1) T-score test results may date back as far as five years, 2) depending on level of BMD progression retesting was done from every one to five years, and 3) medical records demonstrates improvement by providing reference to the sequential progression or stability of the BMD. Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date