

Sterling Retiree Rx Prior Authorization Form

FORTEO (Teriparatide)

Indications for Coverage

Prior fragility fracture **or** T score less than or equal to -2.5 and family history of fracture **or** inadequate response to a bisphosphonate trial of a minimum of one year (unless bisphosphonate is contraindicated or patient was intolerant to bisphosphonate therapy)

Exclusion Criteria

Cumulative duration of therapy in excess of 24 months; concurrent bisphosphonate therapy; Paget's disease; pre-existing hypercalcemia; skeletal malignancies; prior radiation therapy of the skeleton; elevated alkaline phosphatase

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

FORTEO	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____ **Fax Form to 1-866-481-3704**