



**Independence  
Blue Cross**

**Prior Authorization Form**

**Forteo® (Teriparatide [rDNA origin] Injection**

**ONLY COMPLETED REQUESTS WILL BE REVIEWED**

**Forteo®**

Quantity \_\_\_\_\_ Refill x \_\_\_\_\_ months

Instructions \_\_\_\_\_

Physician's signature \_\_\_\_\_ Provider NPI: \_\_\_\_\_ MD# \_\_\_\_\_

Date: \_\_\_\_\_ Date medication needed \_\_\_\_\_

**Patient Information**

Patient's name \_\_\_\_\_

Patient's address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Patient's phone # \_\_\_\_\_

Patient's ID#: \_\_\_\_\_ DOB \_\_\_\_\_

**Prescriber Information**

Prescribing physician \_\_\_\_\_

Office address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office contact \_\_\_\_\_

Office # \_\_\_\_\_ Fax# \_\_\_\_\_

Upon approval, delivery is available. Complete section below.

**No Delivery Requested**

**Delivery Requested**

**Physician Supply, authorization only [Flex series]**

**Physician's office**

**Patient's home**

**Member Pick up at pharmacy if benefit available**

**Preferred Vendor:** \_\_\_\_\_

**\*\*A copy of the prescription must accompany the medication request\*\***

**1. DIAGNOSIS FOR DRUG REQUESTED**

Postmenopausal Osteoporosis 733.01

Primary Osteoporosis 733.0

Hypogonadal Osteoporosis

Other (specify & include ICD-9) \_\_\_\_\_

**2. PATIENT'S INFORMATION:**

a. Does the patient have a history of osteoporosis fractures?

Yes

No

b. Does the patient have multiple risk factors for fractures?

Yes

No

(i.e., advanced age, cigarette/alcohol usage, chronic steroid use, recurrent falls, fracture as an adult?)

**3. PATIENT HISTORY**

History of failed osteoporosis drug therapy:

**Drug name**

**Dates**

**Duration**

Drug name	Dates	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please add any other supporting medical information that may be useful in the decision-making process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAX: (888) 671-5285 or EMAIL: [FSS\\_Standard\\_Medicare@catalystrx.com](mailto:FSS_Standard_Medicare@catalystrx.com)**

**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL**