



Please complete ALL information below and fax your request to 1-888-671-5285

Tymlos® Prior Authorization Request Form

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Postmenopausal osteoporosis*	
*Please note: Osteoporosis is defined as a T-score of the individual's bone mineral density (BMD) of at least -2.5 standard deviations below the young adult mean or history of osteoporotic fracture (i.e., hip, spine, etc.)	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Clinical Information:	
Select if the patient has high risk for fracture as defined by the following:	
<input type="checkbox"/> History of osteoporotic fractures	
<input type="checkbox"/> At least two (2) risk factors for a fracture (e.g., endocrine disorders, gastrointestinal disorders, use of medications associated with low bone mass or bone loss such as corticosteroids)	
Select if the patient has had an inadequate response or inability to tolerate the following osteoporosis therapies:	
<input type="checkbox"/> Bisphosphonates	
<input type="checkbox"/> Hormone replacement therapy	
<input type="checkbox"/> Selective-estrogen receptor modulators (SERMs)	
<input type="checkbox"/> Calcitonin-salmon (Miacalcin)	
<input type="checkbox"/> Denosumab (Prolia)	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.

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