



**Miacalcin
Injection**
(calcitonin-salmon)

**Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922**

Please have the information below ready when calling in the authorization.

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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<p>1. Does the patient have a diagnosis of one of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> treatment of symptomatic Paget's disease of bone,<input type="checkbox"/> treatment of hypercalcemia<input type="checkbox"/> treatment of postmenopausal osteoporosis in females with greater than 5 years of postmenopause who refuse or cannot tolerate estrogens or in whom estrogens are contraindicated.
<p>2. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?</p>

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.