



Tymlos

Express Scripts
 Prior Authorization
 Phone 1-844-424-8886
 Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

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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SECTION A Please answer the following questions

1. Yes No Is the diagnosis or indication for the treatment of postmenopausal women with osteoporosis?
2. Yes No Is the diagnosis or indication to increase bone density in men with osteoporosis?
3. Yes No Does the member have an increased baseline risk for osteosarcoma (e.g., those with Paget's disease of bone or unexplained elevations of alkaline phosphatase, open epiphyses, bone metastases or skeletal malignancies, hereditary disorders predisposing to osteosarcoma, or prior external beam or implant radiation therapy involving the skeleton)?
4. Yes No Does the member have an underlying hypercalcemic disorder (e.g., primary hyperparathyroidism)?
5. Yes No Has the member used Tymlos and other parathyroid hormone analogs (e.g. Forteo, etc.) for more than 2 years?
6. Yes No Does the member have a documented history of one of the following: 1. The member is at high risk for fractures (e.g., BMD T score below -2.5, or steroids use) or has a history of an osteoporotic fracture; OR 2. The member had a fracture and/or experienced a decrease in BMD T score while on either alendronate, risedronate, or ibandronate; OR 3. The member is not a candidate for bisphosphonates or is intolerant to them? *(Please circle indication or document below).*

Please document the symptoms and/or any other information important to this review:

SECTION B

Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>