Pennsylvania
Department of Human Services

Office of Medical Assistance Programs
Bureau of Fee-for-Service Programs, Pharmacy Division
Phone 1-800-537-8862 Fax 1-866-327-0191

BONE DENSITY REGULATORS PRIOR AUTHORIZATION FORM *(form effective 1/5/2026)*

Prior authorization guidelines **Bone Density Regulators** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.

☐New request ☐Renewal request	Total pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:	
Dose/directions:		Quantity:	Refills:
Diagnosis *(submit documentation)*:		Dx code (*required*):	

Complete all sections that apply to the beneficiary and this request.

Check all that apply and submit documentation for each item.

INITIAL requests

1. For treatment of an OSTEOPOROSIS-RELATED condition:

☐Has results of a recent bone mineral density test → Document T-score: _____ Date of test: _____

☐Was evaluated for other possible causes of osteoporosis and has results of the following lab tests:

☐CBC	☐Phosphorous	☐Total protein	☐Thyroid stimulating hormone (TSH)
☐Vitamin D	☐Creatinine	☐Urinary calcium excretion	☐Intact parathyroid hormone (PTH)
☐Ionized calcium	☐Albumin	☐Testosterone (if male)	☐Liver enzymes (specifically alkaline phosphatase)

2. For an ANABOLIC AGENT (e.g., Bonsity, Evenity, Forteo, teriparatide):

☐Has a history of fragility fracture

☐Has a history of multiple vertebral fractures

☐Has a history of trial and failure of or a contraindication or an intolerance to bisphosphonates

☐Request will not exceed the cumulative treatment duration recommended in the FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature

☐**For a PARATHYROID HORMONE ANALOG (e.g., abaloparatide [Tymlos], teriparatide [e.g., Bonsity, Forteo])** – check all that apply to the beneficiary:

- ☐ Paget's disease of the bone
- ☐ Bone metastases
- ☐ History of skeletal malignancies
- ☐ Open epiphyses
- ☐ Metabolic bone disease other than osteoporosis
- ☐ Hypercalcemic disorder(s)
- ☐ Unexplained elevations of alkaline phosphatase
- ☐ Prior external beam or implant radiation therapy involving the skeleton

☐ **For EVENITY** – check all that apply to the beneficiary:

- ☐ History of myocardial infarction
- ☐ History of stroke

☐ **For EVENITY or TYMLOS:**

- ☐ Has a contraindication or an intolerance to teriparatide

☐ **For FORTEO and BONSITY:**

- ☐ Has a contraindication or an intolerance to generic teriparatide that would not be expected to occur with the requested drug

3. For EVISTA (raloxifene):

☐ Check all that apply to the beneficiary:

- ☐ History of venous thromboembolic events (including deep vein thrombosis, pulmonary embolism, and retinal vein thrombosis)
- ☐ History of breast cancer

☐ Has ONE or more risk factors for stroke:

- ☐ History of stroke or TIA
- ☐ Hypertension
- ☐ other: _____
- ☐ Atrial fibrillation
- ☐ Cigarette smoker

☐ If beneficiary has one or more risk factors for stroke, was counseled by the prescriber about the increased risk of death due to stroke

☐ Is a post-menopausal or post-oophorectomy female

☐ Is at high risk for fracture defined by at least ONE of the following:

- ☐ A 10-year probability of hip fracture ≥3% based on the US-adapted WHO algorithm
- ☐ A 10-year probability of major fracture related to osteoporosis ≥20% based on the US-adapted WHO algorithm
- ☐ A history of fragility fracture of the proximal humerus, pelvis, or distal forearm
- ☐ A history of low-trauma spine or hip fracture

☐ Is at high risk for invasive breast cancer defined by at least ONE of the following:

- ☐ Prior biopsy with lobular carcinoma in situ (LCIS) or atypical hyperplasia
- ☐ One or more first-degree relatives with breast cancer
- ☐ A 5-year predicted risk of breast cancer ≥1.66% (based on the modified Gail model)

☐ Has a history of trial and failure of or a contraindication or an intolerance to oral bisphosphonates

4. For DENOSUMAB 120 MG/1.7 ML (i.e., Xgeva and corresponding biosimilars), the beneficiary is being treated for at least ONE of the following:

- ☐ Bone metastases from solid tumors
- ☐ Giant cell tumor of the bone
- ☐ Hypercalcemia of malignancy
- ☐ Multiple myeloma
- ☐ A diagnosis not in the list above that is supported by FDA-approved package labeling, peer-reviewed medical literature, or nationally recognized medical compendia

5. For ALL OTHER Bone Density Regulators:

☐ Is at high risk for fracture defined by at least ONE of the following:

☐ A 10-year probability of hip fracture ≥3% based on the US-adapted WHO algorithm
☐ A 10-year probability of major fracture related to osteoporosis ≥20% based on the US-adapted WHO algorithm
☐ A history of fragility fracture of the proximal humerus, pelvis, or distal forearm
☐ A history of low-trauma spine or hip fracture

☐ Has a history of trial and failure of or a contraindication or an intolerance to the preferred Bone Density Regulators *(Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.)*

☐ **For a PARENTERAL bisphosphonate:**
☐ Has a contraindication or an intolerance to oral bisphosphonates

RENEWAL requests

1. For ALL renewal requests:

☐ The beneficiary's condition has stabilized since starting the requested medication
☐ The beneficiary continues to benefit from the requested medication

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	**Date**:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.