



**Outpatient Medical Injectable
EVENTY Authorization Request Form
Fax to 833-581-1861
(Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member ID (UMI): _____ Medicare Commercial*

Ordering/Attending Provider Name: _____ NPI: _____

Ordering/Attending Provider Address: _____

Office Contact: _____ Phone #: _____ Fax #: _____

Servicing Facility/Vendor Name: _____ Facility NPI: _____

Servicing Facility/Vendor Address: _____

Requested Start Date of Service: _____ ICD10 Diagnosis Code(s): _____

Buy & Bill Drug Supplied by Specialty Pharmacy (Pharmacy Name: _____ NPI: _____)

Please answer all the following clinical questions:

Please provide T-scores from most recent DEXA and date the DEXA scan was performed.

Has the member tried and failed at least one bisphosphonate? If so, please list which bisphosphonate and why the member failed. _____

How long did the member take the bisphosphonate(s) listed above? _____

Does the member have any contraindications to bisphosphonate therapy? If so, what is the contraindication?

Does the member have a history of osteoporotic fracture? If so, which bone did they fracture and what was the date of the fracture? _____

Was a FRAX calculator used? If so, what was the member's 10-year risk of major osteoporotic fracture and 10-year risk of hip fracture? _____

- Will the member receive Evenity in combination with ANY of the following:
- Parathyroid hormone analogs (e.g., Forteo, Tymlos)? YES NO
 - RANKL inhibitors (e.g., Prolia, Xgeva)? YES NO

Is the member post-menopausal? YES NO

****Please verify member's eligibility and benefits through the health plan****

New Start

MEMBER IS ON EVENITY BUT HAS NOT COMPLETED 12 INJECTIONS PER LIFETIME (If applicable)

Does the member still need to complete twelve (12) doses per lifetime? YES NO

How many doses of Evenity are being requested? _____

How many previous doses of Evenity has the member received? _____

Date of last Evenity injection: _____

***Please note, Evenity is limited to twelve (12) injections per lifetime.**

Please attach all pertinent clinical information

Attached: YES NO

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.