

### EVISTA (raloxifene) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Bone Density Regulators** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone #:		State license #:	NPI:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/State/Zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

### **CLINICAL INFORMATION**

<b>Medication requested:</b> <input type="checkbox"/> Evista 60 mg tablet <input type="checkbox"/> raloxifene 60 mg tablet			Directions:	
Quantity:	Refills:	Diagnosis:	Dx code ( <i>required</i> ):	

**Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.**

**INITIAL requests:**

- Is a post-menopausal or post-oophorectomy female
- Has one or more risk factors for stroke:
  - history of stroke or TIA       hypertension       other: \_\_\_\_\_
  - atrial fibrillation       cigarette smoker
- Has results of a recent bone mineral density test
- Has a 10-year probability of hip fracture  $\geq 3\%$  based on the US-adapted WHO algorithm
- Has a 10-yr probability of major fracture related to osteoporosis  $\geq 20\%$  based on the US-adapted WHO algorithm
- Was evaluated for other possible causes of osteoporosis and has results of the following lab tests:
 

<input type="checkbox"/> CBC	<input type="checkbox"/> phosphorous	<input type="checkbox"/> total protein	<input type="checkbox"/> thyroid stimulating hormone (TSH)
<input type="checkbox"/> vitamin D	<input type="checkbox"/> creatinine	<input type="checkbox"/> liver enzymes/LFTs	<input type="checkbox"/> intact parathyroid hormone (PTH)
<input type="checkbox"/> ionized calcium	<input type="checkbox"/> albumin	<input type="checkbox"/> urinary calcium excretion	<input type="checkbox"/> testosterone (if male)
- 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  $\geq 1.66\%$  (based on the modified Gail model)

**RENEWAL requests:**

- Continues to benefit from the requested medication

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

<b>Prescriber Signature:</b>	<b>Date:</b>
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