



Sclerostin Inhibitors

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082

Date of request:			
Patient	Date of birth	Molina ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

- Has patient previously received the requested medication? ☐ Yes ☐ No
If yes, indicate the duration and dates received:
Duration: _____
Date(s) received: _____
- Indicate patient's diagnosis:
☐ Postmenopausal osteoporosis
☐ Other, specify: _____
- Will the medication be used in combination with other bone density regulators (e.g., bisphosphonates, raloxifene, RANKL inhibitors)? ☐ Yes ☐ No
- Indicate if patient has any of the following:
☐ Presence of fragility fractures of the hip or spine regardless of bone mineral density
☐ T-score ≤ -2.5 in the lumbar spine, femoral neck, total hip
☐ T-score between -1 and -2.5 with a history of recent fragility fracture of proximal humerus, pelvis, or distal forearm
☐ T-score between -1 and -2.5 with a FRAX 10-year probability for major fracture $\geq 20\%$ or hip fracture $\geq 3\%$
- Has the patient been treated with at least one Apple Health Preferred Drug (oral or intravenous) unless ineffective, contraindicated or not tolerated? Please select all that apply:
☐ Bisphosphonate medication (minimum trial of 12 months)
☐ Prolia (minimum trial of 12 months)
☐ Selective estrogen receptor modulator (SERM) medication (minimum trial of 24 months)
☐ Other, specify: _____

Request for first line therapy for severe osteoporosis:

6. Are parathyroid hormone analogs contraindicated or not tolerated?

☐ Yes ☐ No

7. Indicate if patient has any of the following:

☐ History of multiple fragility fractures

☐ T-score \leq -2.5 with a fragility fracture

☐ T-score \leq -3 regardless of previous therapy

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature

Prescriber specialty

Date