



## Jinteli® Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>	Provider Information <small>(required)</small>
--	--

Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>
--

Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information <small>(required)</small>
--

**Select the diagnosis below:**

Prophylaxis of postmenopausal osteoporosis

Vasomotor symptoms (moderate to severe) associated with menopause

Vulvar and vaginal atrophy (moderate to severe) associated with menopause

Other diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

**The approval criteria is based on the guidance provided by the Centers for Medicare & Medicaid Services (CMS), the Pharmacy Quality Alliance, the American Geriatric Society and the National Committee for Quality Assurance (NCQA). "Use of High Risk Medications in the Elderly" is measure 238 of the Centers for Medicare & Medicaid Services Physician Quality Reporting System.**

**Risk acknowledgment:**

Does the provider acknowledge that this drug has been identified by the Centers for Medicare and Medicaid Services as a high risk medication in the 65 and older population?  Yes  No

Does the provider wish to proceed with the originally prescribed medication?  Yes  No

**Coverage of the drug is approvable after demonstrated failure to the alternatives below or we receive information as to why they would be inappropriate.**

**Select the medications the patient has a failure, contraindication, or intolerance to:**

**Postmenopausal osteoporosis, prophylaxis:**

Alendronate

Amabelz

Binosto

Estradiol-norethindrone acetate

Mimvey

Mimvey Lo

Fosamax Plus D

Ibandronate

Prempro

Raloxifene

Risedronate

**Vasomotor symptoms (moderate to severe) associated with menopause:**

Amabelz

Estradiol-norethindrone acetate

Mimvey

Mimvey Lo

Prempro

**Vulvar and vaginal atrophy (moderate to severe) associated with menopause:**

Estring (estradiol vaginal ring)

Premarin vaginal cream



**Jinteli<sup>®</sup> Prior Authorization Request Form (Page 2 of 2)**  
**DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED**

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

---

---

**Please note:** This request may be denied unless all required information is received.  
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.