

Prolia[®] Prior Authorization Request Form (Page 1 of 2) DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Name: Provider Name: Insurance ID#; NPI#; Specialty: Date of Birth: Office Phone: Office Phone: Street Address: City: State: Zip: Office Street Address: Zip: Phone: City: State: Zip: Medication Information (required) Medication State: Zip: Medication Name: Strength: Dosage Form: Check if generic substitution is acceptable Directions for Use: Strength: Check if request is for continuation of therapy Directions for Use: Strength: Bone loss in men receiving adrogen deprivation therapy for non-metastatic prostate cancer Bone loss in men receiving adrogen deprivation therapy for breast cancer Bone loss in mem receiving adrogen deprivation therapy for con-metastatic prostate cancer Increase bone mass in man at high risk for fracture ICD-10 Code(s): Cilinical Information: ICD-10 Code(s):	Membe	er Information	Provider Information (required)					
Date of Birth: Office Phone: Street Address: Office Fax: City: State: Zip: Office Street Address: Phone: City: State: Zip: Medication Information (required) Medication Name: Dosage Form: Check if generic substitution is acceptable Directions for Use: Check if generic substitution of therapy Directions for Use: Check if generic substitution of therapy Clinical Information (required) Select the diagnosis below: Bone loss in men receiving androgen deprivation therapy for non-metastatic prostate cancer Bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer Gluccorrticold-induced osteoporosis at high risk for fracture Increase bone mass in men thigh risk for fracture wito steoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia at high risk of fracture: Other diagnosis: Increase bone mass in men receiving addrogen deprivation therapy for non-metastatic prostate cancer Belet if the patient has a history of fractures resulting from minimal trauma including the following: Bracture of the patient has a history of fractures resulting from minimal trauma including the following: Bracture of the proximal humerus Pretebral compression fracture For bone loss in men receiving androgen deprivation therapy with the following: Bete tilt he patient is undergoing androgen deprivation therapy with the following: Chresti	Member Name:			Provider Name:				
Street Address: Office Fax: City: State: Zip: Office Street Address: Zip: Phone: City: State: Zip: Medication Information (required) Medication Name: Dosage Form: Dosage Form: Check if generic substitution is acceptable Directions for Use: Dosage Form: Directors for Use: Check if generic substitution of therapy Directons for Use: Directons for Use: Directons for Use: Select the diagnosis below: Bone loss in men receiving adjuvant aromatase inhibitor therapy for breast cancer Bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer Bone loss in women with osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia Practure of the distal radius Practure of the hip Fracture of the patient has a history of fractures resulting from minimal trauma including the following: Practure of the patient has a history of fractures resulting from non-metastatic prostate cancer, also answer the following: Practure of the patient is undergoing androgen deprivation therapy with the following: Practure of the patient is undergoing androgen deprivation therapy with the following: Decument the one mineral density (BMD) scan T-score: (specif	Insurance ID#:			NPI#:	PI#:		Specialty:	
City: State: Zip: Office Street Address: Phone: City: State: Zip: Medication Information (required) Medication Name: Strength: Dosage Form: Check if generic substitution is acceptable Directions for Use: Clinical Information (required) Clinical Information (required) Select the diagnosis below: Bone loss in men receiving adrogen deprivation therapy for non-metastatic prostate cancer Bone loss in women receiving adrogen deprivation therapy for breast cancer Glucocorticoid-induced osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia ICD-10 Code(s):	Date of Birth:			Office Phone:				
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Check if request is for continuation of therapy Clinical Information (required) Select the diagnosis below: Bone loss in mome receiving adjuvant aromatase inhibitor therapy for breast cancer Bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer Clinical information Postmenopausal women with osteoporosis or osteopenia at high risk for fracture with osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia at high risk of fracture Clinical Information Postmenopausal women with osteoporosis or osteopenia at high risk of fracture Clinical Information: Select if the patient has a history of fractures resulting from minimal trauma including the following: Fracture of the distal radius Fracture of the distal radius Fracture of the proximal humerus Vertebral compression fracture For bone loss in men receiving androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Biateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Biateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Biateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [tr					Dosage Form:		orm:	
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Select the diagnosis below:	Check if request is for continuation of therapy							
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Select if the patient has a history of fractures resulting from minimal trauma including the following: Fracture of the distal radius Fracture of the hip Fracture of the proximal humerus Vertebral compression fracture For bone loss in men receiving androgen deprivation therapy for non-metastatic prostate cancer, also answer the following: Does the patient have non-metastatic prostate cancer? Yes No Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Bilateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Bilateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Bilateral orchiectomy (e.g., surgical castration) Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Bilateral orchiectomy (e.g., surgical castration) Is there evidence	 Bone loss in men receiving androgen deprivation therapy for non-metastatic prostate cancer Bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer Glucocorticoid-induced osteoporosis at high risk for fracture Increase bone mass in men at high risk for fracture with osteoporosis or osteopenia Postmenopausal women with osteoporosis or osteopenia at high risk of fracture 							
 Does the patient have non-metastatic prostate cancer? □ Yes □ No Select if the patient is undergoing androgen deprivation therapy with the following: Luteinizing hormone-releasing hormone (LHRH)/gonadotropin releasing hormone (GnRH) agonist (e.g., Eligard/Lupron [leuprolide], Trelstar [triptorelin], Vantas [histrelin], and Zoladex [goserelin]) Bilateral orchiectomy (e.g., surgical castration) Document the bone mineral density (BMD) scan T-score:	Select if the patient has a history of fractures resulting from minimal trauma including the following: Fracture of the distal radius Fracture of the hip Fracture of the pelvis 							
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				D, no new fractures, or im	proved bioc	hemical		

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For bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer, also answer the following:
Does the patient have breast cancer? Des No
Is the patient receiving adjuvant aromatase inhibitor therapy (e.g., Arimidex [anastrozole], Aromasin [exemestane], Femara [letrozole])?
Document the bone mineral density (BMD) scan T-score: (specify if negative)
Has the patient had trial and failure, contraindication, or intolerance to one bisphosphonate therapy (e.g., alendronate)? 🛛 Yes 🗋 No
Reauthorization:
Is the patient receiving adjuvant aromatase inhibitor therapy (e.g., Arimidex [anastrozole], Aromasin [exemestane], Femara [letrozole])?
Is the patient benefiting from therapy (e.g., improved or stabilized BMD, no new fractures, or improved biochemical markers, etc.)? U Yes D No
For glucocorticoid-induced osteoporosis, also answer the following:
Is the patient initiating or continuing on greater than or equal to 7.5 mg/day of prednisone (or its equivalent) and is expected to remain on glucocorticoid therapy for at least 6 months? U Yes I No
Document the bone mineral density (BMD) T-score from the lumbar spine, femoral neck, total hip, or radius (one-third radius site): T-Score: (specify if negative)
Select if the patient has the following FRAX (Fracture Risk Assessment Tool) 10-year probabilities:
 Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions
Has the patient had trial and failure, intolerance, or contraindication to one bisphosphonate therapy (e.g., alendronate)? 🛛 Yes 🛛 No
Reauthorization:
Is the patient benefiting from therapy (e.g., improved or stabilized BMD, no new fractures, or improved biochemical markers, etc.) without significant adverse effects? U Yes U No
For increase bone mass in men at high risk for fracture or postmenopausal women with osteoporosis or osteopenia at high risk of fracture, also answer the following:
Document the bone mineral density (BMD) T-score from the lumbar spine, femoral neck, total hip, or radius (one-third radius site):
T-Score: (specify if negative)
Select if the patient has the following FRAX (Fracture Risk Assessment Tool) 10-year probabilities:
 Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions
Has the patient had trial and failure, intolerance, or contraindication to one bisphosphonate therapy (e.g., alendronate)? 🗆 Yes 🗅 No
Reauthorization:
Is the patient benefiting from therapy (e.g., improved or stabilized BMD, no new fractures, or improved biochemical markers, etc.) without significant adverse effects? Yes No
Quantity Limit Requests:
What is the quantity requested per YEAR?
What is the reason for exceeding the plan limitations?
Titration or loading dose purposes
 Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime) Requested strength/dose is not commercially available Other:
Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to th review?

Please note:

This request may be denied unless all required information is received.

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