reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

PROLIA **(MALE)** AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date:	Date Needed:
Date of birth: Sex: Weight:	Prescriber:	Specialty:
Home Phone Number: ( )	Phone Number: ( )	Fax Number: ( )
Home Address: City: State: Zip:	Address:	City: State: Zip:
☐ Independent Health ☐ Anne Arundel Health System ☐ Pharmacy Benefit Dimensions ☐ Commercial ☐ Medicaid ☐ Medicare ☐ Self-funded Insurance ID: Group Number:	Allergies:	☐ Medication ships to patient home ☐ Medication ships to provider office

STATEMENT OF MEDICAL NECESSITY

☐ New Authorization ☐ Re-authorization* Dose: _____ Frequency: _____

Primary Diagnosis: _____

Date of Diagnosis: _____

ICD10 Code: _____

Prior Treatments: _____

_____

_____

Is the patient male? ☐ Yes ☐ No

(If NO, please use alternate form)

Patient is **male** and has a BMD-T Score of less than or equal to -2.0 at lumbar spine or femoral neck? ☐ Yes ☐ No

AND

☐ Patient is at high risk of fracture, defined as

☐ History of osteoporotic fracture **OR**

Multiple risk factors for fracture (at least two of the following):

☐ Limited movement, such as using wheelchair.
☐ History of frequent falls
☐ Medical condition likely to cause bone loss: _____
☐ Concurrent use of medications that may cause bone loss: _____
☐ Concurrent use of medications that may increase risk of falls: _____

OR

☐ Patient is receiving treatment for glucocorticoid-induced osteoporosis **AND**

☐ Patient will be initiating or continuing systemic glucocorticoid therapy at a daily dosage equivalent to greater than or equal to 7.5 mg of prednisone and is expected to remain on glucocorticoid therapy for at least 6 months **AND**

☐ BMD T-Score is less than or equal to -1.0 at either the lumbar spine or total hip

OR

☐ Patient has a history of osteoporotic fracture

AND

☐ Patient's current serum calcium level which is within normal limits is submitted

AND

☐ Documentation showing that patient has been instructed about the symptoms of hypocalcemia and the importance of adequate calcium and vitamin D supplementation while on this therapy is submitted **AND**

Patient has demonstrated at least one of the below:

☐ Tried and failed oral alendronate therapy as evidenced by disease progression **OR**
☐ Has documented inability to swallow or established esophageal diagnosis which prevents oral administration of alendronate **OR**

Male patient with confirmed diagnosis of non-metastatic prostate cancer?
☐ Yes ☐ No

AND

Patient is receiving concurrent ADT therapy including:

☐ Anti-androgen therapy (bicalutamide, nilutamide) **OR**

☐ Bilateral orchiectomy **OR**

☐ Gonadotropin releasing hormone analogs (i.e., leuprolide)

AND

☐ The expected duration of ADT is at least 12 months

AND

☐ Patient is at high risk of fracture across multiple skeletal sites, having a BMD T-Score of less than -1.0 at lumbar spine, total hip, femoral neck, or history of osteoporotic fracture

AND

☐ Patient's current serum calcium level which is within normal limits has been submitted

AND

☐ Documentation showing that patient has been instructed about the symptoms of hypocalcemia and the importance of adequate calcium and vitamin D supplementation while on this therapy is submitted.

For Re-Authorization:

Submission of BMD-T Score (bi-annually) Date:_____

Submission of Serum Ca+ level (annually) Date:_____

For patients who requested Prolia as a treatment for increased bone mass in prostate/breast cancer, continued ADT or AI therapy?
☐Yes ☐No