



15 Earhart Drive, Suite 101, Amherst, NY 14221

PROLIA 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, Member's Insurance ID, Office Phone, Office Fax Number, Allergies, Office Contact

STATEMENT OF MEDICAL NECESSITY

[] New Authorization

[] Re-authorization*

DRUG SELECTION: PROLIA

Dose: _____ Frequency: _____

Primary Diagnosis: _____

Date of Diagnosis: _____

ICD10 Code: _____

Prior Treatments: _____

Submission of Serum Ca+ level Date: _____

Has patient demonstrated one of the following:

- [] Tried and failed Alendronate therapy
[] Has an established esophageal diagnosis or inability to swallow Alendronate

Is female patient post-menopausal? [] Yes [] No

Is BMD-T Score less than or equal to -2.5 at lumbar spine or total hip? [] Yes [] No

Female patient receiving concurrent adjuvant AI therapy for hormone receptor positive breast cancer? [] Yes [] No

If yes,

[] 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.

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

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

If yes, receiving concurrent ADT therapy including:

- [] Anti-androgen therapy (bicalutamide, nilutamide)
[] Expected duration of ADT is at least 12 months [] Yes [] No

[] Bilateral orchiectomy

[] Gonadotropin releasing hormone analogs (ie, leuprolide)

[] 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.

Has patient been instructed on use of Calcium and Vitamin D supplements? [] Yes [] No

Has patient been instructed on symptoms of Hypocalcemia? [] Yes [] No

PLEASE Check all that apply:

- [] Patient has a history of osteoporotic fracture
[] History of frequent falls
[] Bone density t-score more than 2.5 standard deviations below the mean
[] Limited movement, such as using a wheelchair
[] Medical conditions likely to cause bone loss or increase the risk of fracture

If yes, explain: _____

[] Concurrent use of medications that may cause bone loss (for example: phenytoin, heparin, prednisone, and high doses of vitamins A or D)

[] Concurrent use of medications that increase the risk of falls (for example: antidepressants, narcotic pain relievers, anticonvulsants, and benzodiazepines)

For Re-Authorization:

Submission of BMD-T Score Date: _____

Submission of Serum Ca+ level Date: _____

For patients who requested Prolia as a treatment for increased bone mass in prostate/breast cancer, continued ADT or AI therapy?

[] Yes [] No