

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:		
<input type="checkbox"/> Independent Health <input type="checkbox"/> Anne Arundel Health System <input type="checkbox"/> Pharmacy Benefit Dimensions		<input type="checkbox"/> Commercial <input type="checkbox"/> Medicaid Group Number:		<input type="checkbox"/> Medicare <input type="checkbox"/> Self-funded	
Insurance ID:		Allergies:			

STATEMENT OF MEDICAL NECESSITY
 New Authorization Re-authorization* Dose: _____ Frequency: _____

Primary Diagnosis: _____
 Date of Diagnosis: _____
 ICD10 Code: _____
 Prior Treatments: _____

 Is the patient female? Yes No

(If NO, please use alternate form)

 Is **female** patient post-menopausal? Yes No

 If yes, is BMD-T Score less than or equal to -2.5 at lumbar spine or total hip? Yes No

(provide lab result)

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

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
 Female patient receiving concurrent adjuvant AI therapy for hormone receptor positive breast cancer.

AND
 The patient is at high risk for fracture across multiple skeletal sites, having a BMD T-score at the lumbar spine, total hip, or femoral neck of less than -1.0 or 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

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