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

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

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

Member Name:	Today's Date:
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:	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