



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:
Insurance options: Allergies:
Insurance ID: Group Number:

STATEMENT OF MEDICAL NECESSITY

Insurance options: 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