

Member Name:			Today's Date:		
Date of birth:	Sex:	Weight:	Prescriber:	Specialty:	
Home Phone Number: () ()			Phone Number: () ()	Fax Number: () ()	
Home 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 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
- 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