



**Outpatient Medical Injectable
Prolia Authorization Request Form
Fax to 833-581-1861
(Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member ID (UMI): _____ Medicare Commercial*

Ordering/Attending Provider Name: _____ NPI: _____

Ordering/Attending Provider Address: _____

Office Contact: _____ Phone #: _____ Fax #: _____

Servicing Facility/Vendor Name: _____ Facility NPI: _____

Servicing Facility/Vendor Address: _____

Requested Start Date of Service: _____ ICD10 Diagnosis Code(s): _____

Buy & Bill Drug Supplied by Specialty Pharmacy (Pharmacy Name: _____ NPI: _____)

Please answer all the following clinical questions:

Please provide T-scores from most recent DEXA and date the DEXA scan was performed.

Has the member tried and failed at least one bisphosphonate? If so, please list which bisphosphonate and why the member failed. _____

How long did the member take the bisphosphonate(s) listed above? _____

Does the member have any contraindications to bisphosphonate therapy? If so, what is the contraindication?

Does the member have a history of osteoporotic fracture? If so, which bone did they fracture and what was the date of the fracture? _____

Was a FRAX calculator used? If so, what was the member's 10-year risk of major osteoporotic fracture and 10-year risk of hip fracture? _____

If the member is female:

1. Is the member post-menopausal? _____
2. Is the member taking an adjuvant aromatase inhibitor for breast cancer? If so, which medication? _____

****Please verify member's eligibility and benefits through the health plan****

If the member is male:

1. Is the member receiving androgen deprivation therapy for non-metastatic prostate cancer? If so, which medication is the member receiving? _____

<input type="checkbox"/> New Start	<input type="checkbox"/> Continuation of Therapy Date of last Prolia injection: _____ Has the member had a positive clinical response to Prolia? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Please attach all pertinent clinical information

Attached: YES NO

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