

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206 Medicare Part D This form applies to: ☐ Standard request This request is: Expedited request Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting. Prolia[®] (denosumab) Member First Name: Last Name: DOB: _____ Gender: Primary Care Physician: Prov. Phone: Prov. Fax: Requesting Provider: _____ Provider Address: Provider NPI: Contact Name: Provider Signature: _____ **Product Information** □ New Request □ Continuation Request Drug product: ☐ Prolia 60 mg/mL injection Start date (or date of next dose): Date of last dose (if applicable): Dosing frequency: Prior authorization criteria The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived. For this drug to be covered, the patient must meet the following criteria: 1. Must be used for a medically-accepted indication* 2. For post-menopausal osteoporosis, osteoporosis in males, and prophylaxis of post-menopausal osteoporosis: Must have a therapeutic trial with all of the following: a. One oral bisphosphonate (e.g., alendronate, ibandronate, risedronate) AND b. Zoledronic acid* *this requirement applies only to beneficiaries enrolled in an MA-PD plan

Additional information

Note: When criteria are met, coverage duration is 1 year



Medically-accepted indication*

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation	
A.	What is the patient's diagnosis? Woman at high risk for fracture receiving an aromatase inhibitor therapy for breast cancer Man at high risk for fracture receiving androgen deprivation therapy for prostate cancer Postmenopausal osteoporosis Prophylaxis of postmenopausal osteoporosis Man with osteoporosis Other – the patient's condition is: Rationale for Other use:
R	Has the patient tried an oral bisphosphonate?
Б.	 Yes, check all that apply: alendronate (generic Fosamax) risedronate (generic Actonel) ibandronate (generic Boniva) No. Are you requesting an exception to the criteria? Yes. Rationale for exception:
	□ No
C.	Has the patient tried zoledronic acid (applies only beneficiaries enrolled in an MA-PD plan)? Yes No. Are you requesting an exception to the criteria? Yes. Rationale for exception: No
Pri	ority Health Medicare Exception Request (exceptions to the above criteria)
	you believe one or more of the prior authorization requirements should be waived? Yes No es, you must provide a statement explaining the medical reason why the exception should be approved.
	ould Prolia likely be the most effective option for this patient? No Yes, because:
	he patient is currently using Prolia, would changing the patient's current regimen likely result in adverse ects for the patient?
	No .
<u></u>	Yes, because: