PriorityHealth

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial** ☒ **Commercial Individual (PPACA)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Boniva® (intravenous ibandronate)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phone: _____ Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

Drug product:
- ☐ Boniva 1 mg/mL injection
- ☐ Ibandronate 1 mg/mL injection
- ☐ Ibandronate 1 mg/ml syringe

ICD-10 Code(s): _____

Dose: _____ **Frequency:** _____

Start Date: _____

Date of last dose: _____

Date of next dose: _____

☐ New request ☐ Continuation request

Administration:
- ☐ Physician's Office
- ☐ Outpatient Infusion
  - Facility: _____ NPI: _____ Fax #: _____
- ☐ Home infusion
  - Agency: _____ NPI: _____ Fax #: _____

Billing:
- ☐ Physician Buy and Bill
- ☐ Facility Buy and Bill
- ☐ Specialty Pharmacy
  - Pharmacy: _____ NPI: _____ Fax #: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following criteria:

1. Diagnosis of postmenopausal osteoporosis
2. Bone mineral density T-score of -2.5 or less
3. Must first try alendronate (generic Fosamax), Actonel, ibandronate (generic Boniva tablet), or zoledronic acid (generic Reclast)

For continuation of osteoporosis treatment, patient must meet one of the following requirements:

A. Patient has not received more than 5 years of total treatment with a bisphosphonate or Prolia in a lifetime, unless the patient has a high risk for fracture, such as:

> Long-term corticosteroid use (7.5 mg prednisone (or equivalent) or higher for 3 months or longer), untreated hypogonadism, spontaneous or surgical premature menopause at less than age 45, hyperparathyroidism, hyperthyroidism, chronic liver disease, patient has epilepsy or is taking anticonvulsant therapy, or a documented fragility fracture

B. Patients without a risk factors present who have received more than 5 years of treatment with a bisphosphonate and/or Prolia, a "drug holiday" is required and:

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Last reviewed 01/2017

a. Patient must be off of osteoporosis treatment for a minimum of two years, and
b. Patient must have a documented DXA scan showing a significant reduction in bone mineral density (BMD) two years or longer after stopping osteoporosis therapy. Please fax DXA scan results.

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being used to treat?
- ☐ Postmenopausal osteoporosis
- ☐ *Other – the patient's condition is:* _____
   Rationale for use: _____

B. What other drugs has the patient tried first?
- ☐ alendronate (generic Fosamax)
- ☐ Actonel
- ☐ ibandronate (generic Boniva)
- ☐ zoledronic acid (generic Reclast)

C. How many years has the patient's condition been treated with bisphosphonate or Prolia therapy?
   _____ years, _____ months

D. Which of the following, if any, apply to the patient?
- ☐ long-term corticosteroid user taking 7.5 mg of prednisone (or equivalent) or higher for 3 months or longer
- ☐ Untreated hypogonadism
- ☐ Spontaneous or surgical premature menopause at less than age 45
- ☐ Hyperparathyroidism
- ☐ Hyperthyroidism
- ☐ Chronic liver disease
- ☐ Patient has epilepsy or is taking anticonvulsant therapy
- ☐ Documented fragility fracture
- ☐ Other – the patient's risk factor is: _____

If none of the above, has the patient had a two year "drug holiday" from osteoporosis drugs?
- ☐ Yes   Date range of drug holiday: _____
- ☐ No

Does the patient have a documented DXA scan two years or longer after stopping osteoporosis therapy showing a significant reduction in bone mineral density (BMD)? Please fax DXA scan results.
- ☐ Yes
- ☐ No

What date did the patient stop osteoporosis therapy?   Date: _____

What date was the patient's DXA scan was completed on?   Date: _____

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