

Priority Health Medicare Prior Authorization Criteria (Part D)

Prolia®

Products affected

- Prolia®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of post-menopausal osteoporosis and for males with diagnosis of osteoporosis, must have a therapeutic trial with alendronate and risedronate. For diagnosis of prophylaxis of post-menopausal osteoporosis, must have a therapeutic trial with alendronate and risedronate.