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selecthealth.

PREAUTHORIZATION FORM
Prolia™ (denosumab)

Therapeutic use: Prolia is indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture; as a treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer; and as a treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

Authorization Period: 12 months

Patient's name _____

Patient's ID# | | | | | | | | | DOB | | | / | | | / | | | | |

ICD-9 | | | | | | | | | | | _____

Physician's name_____

Physician's Ph# (| | | | | | - | | | | | Fax# | | | | - | | | | |

Physician's signature_____ Date signed | | / | | | / | | | | |

	Please check "Yes" or "No" or answer the following questions:		
1a.	Is Prolia being used in the treatment of osteoporosis?	❑ Yes	❑ No
b.	Has the patient experienced a fragility fracture? Please mark the location of the fracture. ❑ Wrist ❑ Hip ❑ Spine ❑ Other: _____ **A FRAX risk assessment is required if there has been no fragility fracture.**	❑ Yes	❑ No
c.	Has the required WHO fracture risk assessment (FRAX) been completed? (http:www.shef.ac.uk/FRAX/)	❑ Yes	❑ No
d.	Based on the FRAX assessment, is the patient determined to be high risk with a 10 year hip fracture probability of ≥ 3% OR a 10 year major osteoporosis-related all fracture probability of ≥20%? (Refer to World Health Organization-National Osteoporosis Foundation Guidelines)	❑ Yes	❑ No
e.	Does the patient demonstrate intolerance to oral medications due to GI/esophageal limitations? ❑ Gastrointestinal or Esophageal Limitations — Explain: ❑ Other Medical Necessity — Explain: **Therapy will only be considered for medication intolerance and gastrointestinal/esophageal disorders.**	❑ Yes	❑ No
2a.	Is therapy being requested to increase bone mass in men receiving androgen deprivation therapy for nonmetastatic prostate cancer?	❑ Yes	❑ No
b.	Is the patient 70 years of age or older?	❑ Yes	❑ No
c.	Has the patient had a BMD T-score at the lumbar spine, total hip or femoral neck? If yes, please provide the T-score:_____	❑ Yes	❑ No
d.	Has the patient had an osteoporotic fracture?	❑ Yes	❑ No
3a.	Is therapy being requested to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer?	❑ Yes	❑ No
b.	Has the patient had a BMD T-score at the lumbar spine, total hip or femoral neck? If yes, please provide the T-score:_____	❑ Yes	❑ No

- Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia
- All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442 3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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