

# Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:

☐

Medicare Part B

☒

Medicare Part D

This request is:

☐

Expedited request

☐

Standard 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<sup>®</sup>** (denosumab)

## Member

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_

Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Product Information

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.

1. Drug is being used for a medically accepted indication approved by Centers for Medicare and Medicaid Services
2. Documented trial with alendronate and Actonel

## 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, the DRUGDEX Information System, and the USPDI or its successor.)

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**Priority Health Precertification Documentation**

**A. What is the patient's diagnosis?**

- ☐ bone metastasis associated with a solid tumor  
☐ 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  
☐ man with osteoporosis  
☐ Other – the patient's condition is: \_\_\_\_\_

**B. Which of the following drugs has the patient tried?**

- ☐ alendronate  
☐ Actonel

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**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?** ☐ Yes ☐ No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would Prolia likely be the most effective option for this patient?**

- ☐ No  
☐ Yes, because: \_\_\_\_\_

**If the patient is currently using Prolia, would changing the patient's current regimen likely result in adverse effects for the patient?**

- ☐ No  
☐ Yes, because: \_\_\_\_\_