HIGHMARK | HIGHMARK

Outpatient Medical Injectable Prolia Authorization Request Form
Fax to 833-581-1861
(Medical Benefit Only)

Member Name:_____

Member Date of Birth:_____

Member ID (UMI): _____ ☐ Medicare ☐ Commercial*

Ordering/Attending Provider Name: _____NPI: _____

Ordering/Attending Provider Address:_____

Office Contact: _____ Phone #:_____Fax #:_____

Servicing Facility/Vendor Name: _____Facility NPI:_____

Servicing Facility/Vendor Address:_____

Drug Name and HCPCS Code: **Prolia (J0897)** Requested Start Date of Service: _____

ICD10 Diagnosis Code(s): _____

☐ **Buy & Bill** ☐ **Drug Supplied by Specialty Pharmacy** *(Pharmacy Name:* _____ *NPI:* _____)

Please answer all the following clinical questions:

Please provide T-scores from most recent DEXA and date the DEXA scan was performed.

_____

Has the member tried and failed at least one bisphosphonate? If so, please list which bisphosphonate and why the member failed. _____

How long did the member take the bisphosphonate(s) listed above? _____

Does the member have any contraindications to bisphosphonate therapy? If so, what is the contraindication?

_____

Does the member have a history of osteoporotic fracture? If so, which bone did they fracture and what was the date of the fracture? _____

Was a FRAX calculator used? If so, what was the member's 10-year risk of major osteoporotic fracture and 10-year risk of hip fracture? _____

If the member is female:

1. Is the member post-menopausal? _____
2. Is the member taking an adjuvant aromatase inhibitor for breast cancer? If so, which medication? _____

If the member is male:

****Please verify member's eligibility and benefits through the health plan****

1. Is the member receiving androgen deprivation therapy for non-metastatic prostate cancer? If so, which medication is the member receiving? _____

☐ **New Start**	☐ **Continuation of Therapy** Date of last Prolia injection: _____ **Has the member had a positive clinical response to Prolia?** ☐ YES ☐ NO

Please attach all pertinent clinical information

Attached: ☐ **YES** ☐ **NO**

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.