



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

Member Name: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Member UMI: \_\_\_\_\_

Requesting Physician's Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Requesting Physician's Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility: \_\_\_\_\_ Facility NPI Number: \_\_\_\_\_

Facility's Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

J Code (s): \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

☐ Supplied by Alliance Rx Walgreens Specialty Pharmacy ☐ Buy & Bill ☐ Other: \_\_\_\_\_

**Please answer all the following clinical questions:**

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

\_\_\_\_\_

Has the patient tried and failed at least one bisphosphonate? If so, please list which bisphosphonate and why the patient failed. \_\_\_\_\_

How long did the patient take the bisphosphonate(s) listed above? \_\_\_\_\_

Does the patient have any contraindications to bisphosphonate therapy? If so, what is the contraindication? \_\_\_\_\_

\_\_\_\_\_

Does the patient 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 patient's 10-year risk of major osteoporotic fracture and 10-year risk of hip fracture? \_\_\_\_\_

\_\_\_\_\_

If the patient is female:

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

If the patient is male:

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

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Please attach all pertinent clinical information**

Attached: ☐ YES ☐ NO

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

Fax this completed form to Highmark at 1-833-581-1861