



# Nevada Medicaid

Submit fax request to: 855-455-3303

Please note: All information below is required to process this request.

## Prolia® (denosumab) Prior Authorization Request Form

**DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED.**

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand <input type="checkbox"/> Check if request is for initial therapy <input type="checkbox"/> Check if request is for recertification of therapy	Directions for Use:	

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Diagnosis of postmenopausal osteoporosis or osteopenia <input type="checkbox"/> Diagnosis of nonmetastatic prostate cancer (undergoing androgen deprivation therapy or bilateral orchiectomy) <input type="checkbox"/> Diagnosis of breast cancer (receiving adjuvant aromatase inhibitor therapy) <input type="checkbox"/> Diagnosis of glucocorticoid-induced osteoporosis (recipient has a documented history of prednisone or its equivalent at a dose greater than or equal to 7.5 mg/day for greater than or equal to six months). <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

Drug-Specific Information (required)	
<input type="checkbox"/> The recipient's Bone Mineral Density (BMD) T-score is -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site). <input type="checkbox"/> The recipient is 70 years of age or older. <input type="checkbox"/> The recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site). <input type="checkbox"/> The recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm. <input type="checkbox"/> The recipient has documented trial and failure, contraindication, or intolerance to one anti-resorptive treatment (e.g., alendronate, risedronate, zoledronic acid). <input type="checkbox"/> The recipient has a FRAX 10-year probability of a major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions. <input type="checkbox"/> The recipient has a FRAX 10-year probability of a hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions.	
<b>Reauthorization:</b>	
<input type="checkbox"/> The recipient has documented benefit from therapy. <input type="checkbox"/> The recipient has a diagnosis of nonmetastatic prostate cancer and continues androgen deprivation therapy or bilateral orchiectomy. <input type="checkbox"/> The recipient has no evidence of metastases. <input type="checkbox"/> The recipient has a diagnosis of breast cancer and continues adjuvant aromatase inhibitor therapy.	

**Attach any additional comments, diagnoses, symptoms, medications tried or failed, or other information the physician feels is important to this review.**

**Please note:** This request may be denied unless all required information is received. For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

FA-87

04/06/2021 pv07/18/2017