



Prolia

**Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A

Please answer the following questions

1. Yes No Does the member have hypocalcemia?
2. Yes No Will Prolia be used in patients on Xgeva?
3. Yes No Is the indication or diagnosis for one of the following: 1. Treatment of postmenopausal women with osteoporosis; 2. Treatment to increase bone mass in men with osteoporosis; 3. Treatment to increase bone mass in men receiving androgen deprivation therapy for nonmetastatic prostate cancer; 4. Treatment to increase bone mass in women receiving adjuvant aromatase inhibitor therapy for breast cancer OR 5. Treatment of glucocorticoid-induced osteoporosis?

(Document Diagnosis): _____

4. Yes No Is the member at high risk for fractures (i.e., BMD T score below -2.5 or steroids use)?
5. Yes No Does the member have a history of an osteoporotic fracture?
6. Yes No Has the member had and/or experienced a decrease in BMD T-score while on either alendronate, risedronate, or ibandronate?

7. Is the member unable to use Bisphosphonates (e.g. alendronate, risedronate, or ibandronate) for the treatment of the member's disease/medical condition or have Bisphosphonates caused or are likely to cause an allergy/adverse reaction or other harm to the member?

Yes (Document (1) medications used (2) contraindications or adverse outcome (3) anticipated significant adverse clinical outcome.): _____

No _____

8. Yes No Is Prolia being supplied by Retail, Home Infusion, Long Term Care or other pharmacies?

9. Yes Is the medication supplied by a Physician's office?

No (Document how the medication is supplied): _____

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>