

BONE DENSITY REGULATORS PRIOR AUTHORIZATION FORM (form effective 1/8/2024)

Prior authorization guidelines **Bone Density Regulators** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total pages: _____		Prescriber name:	
Name of office contact:				Specialty:	
Contact's phone number:				NPI:	State license #:
LTC facility contact/phone:				Street address:	
Beneficiary name:				City/state/zip:	
Beneficiary ID#:		DOB:		Phone:	Fax:

CLINICAL INFORMATION

Drug requested:		Strength:	Dosage form:	
Dose/directions:			Quantity:	Refills:
Diagnosis (<u>submit documentation</u>):			Dx code (<u>required</u>):	

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

1. For treatment of an OSTEOPOROSIS-RELATED condition:

- ☐ Has results of a recent bone mineral density test → Document T-score: _____ Date of test: _____
- ☐ Was evaluated for other possible causes of osteoporosis and has results of the following lab tests:
- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Phosphorous | <input type="checkbox"/> Total protein | <input type="checkbox"/> Thyroid stimulating hormone (TSH) |
| <input type="checkbox"/> Vitamin D | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Urinary calcium excretion | <input type="checkbox"/> Intact parathyroid hormone (PTH) |
| <input type="checkbox"/> Ionized calcium | <input type="checkbox"/> Albumin | <input type="checkbox"/> Testosterone (if male) | <input type="checkbox"/> Liver enzymes (specifically alkaline phosphatase) |

2. For an ANABOLIC AGENT (EVENITY, FORTEO / TERIPARATIDE, TYMLOS):

- ☐ Has a history of fragility fracture
- ☐ Has a history of multiple vertebral fractures
- ☐ Has a history of trial and failure of or a contraindication or an intolerance to bisphosphonates
- ☐ Request will not exceed the cumulative treatment duration recommended in the FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature
- ☐ **For Forteo/teriparatide and Tymlos** – check all that apply to the beneficiary:
- | | |
|---|--|
| <input type="checkbox"/> Paget's disease of the bone | <input type="checkbox"/> Metabolic bone disease other than osteoporosis |
| <input type="checkbox"/> Bone metastases | <input type="checkbox"/> Hypercalcemic disorder(s) |
| <input type="checkbox"/> History of skeletal malignancies | <input type="checkbox"/> Unexplained elevations of alkaline phosphatase |
| <input type="checkbox"/> Open epiphyses | <input type="checkbox"/> Prior external beam or implant radiation therapy involving the skeleton |
- ☐ **For Evenity** – check all that apply to the beneficiary:
- ☐ History of myocardial infarction

- ☐ History of stroke
- ☐ **For Evenity or Tymlos:**
- ☐ Has a contraindication or an intolerance to teriparatide
- ☐ **For Forteo:**
- ☐ Has a contraindication or an intolerance to teriparatide that would not be expected to occur with Forteo

3. For EVISTA (raloxifene):

- ☐ Check all that apply to the beneficiary:
- ☐ History of venous thromboembolic events (including deep vein thrombosis, pulmonary embolism, and retinal vein thrombosis)
- ☐ History of breast cancer
- ☐ Has one or more risk factors for stroke:
- ☐ History of stroke or TIA ☐ Hypertension ☐ other: _____
- ☐ Atrial fibrillation ☐ Cigarette smoker
- ☐ If beneficiary has one or more risk factors for stroke, was counseled by the prescriber about the increased risk of death due to stroke
- ☐ Is a post-menopausal or post-oophorectomy female
- ☐ Has a 10-year probability of hip fracture $\geq 3\%$ based on the US-adapted WHO algorithm
- ☐ Has a 10-yr probability of major fracture related to osteoporosis $\geq 20\%$ based on the US-adapted WHO algorithm
- ☐ Has a history of fragility fracture of the proximal humerus, pelvis, or distal forearm
- ☐ Has a history of low-trauma spine or hip fracture
- ☐ Is at high risk for invasive breast cancer defined by at least one of the following:
- ☐ Prior biopsy with lobular carcinoma in situ (LCIS) or atypical hyperplasia
- ☐ One or more first-degree relatives with breast cancer
- ☐ A 5-year predicted risk of breast cancer $\geq 1.66\%$ (based on the modified Gail model)
- ☐ Has a history of trial and failure of or a contraindication or an intolerance to oral bisphosphonates

4. For XGEVA (denosumab):

- ☐ Is being treated for a diagnosis that is included in the FDA-approved package labeling OR is supported by peer-reviewed medical literature or nationally recognized medical compendia

5. For ALL OTHER NON-PREFERRED Bone Density Regulators:

- ☐ Has a 10-year probability of hip fracture $\geq 3\%$ based on the US-adapted WHO algorithm
- ☐ Has a 10-year probability of major fracture related to osteoporosis $\geq 20\%$ based on the US-adapted WHO algorithm
- ☐ Has a history of fragility fracture of the proximal humerus, pelvis, or distal forearm
- ☐ Has a history of low-trauma spine or hip fracture
- ☐ Has a history of trial and failure of or a contraindication or an intolerance to the preferred Bone Density Regulators approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- ☐ **For a non-preferred PARENTERAL bisphosphonate:**
- ☐ Has a contraindication or an intolerance to oral bisphosphonates

RENEWAL requests

1. For ALL renewal requests:

- ☐ The beneficiary's condition has stabilized since starting the requested medication
- ☐ The beneficiary continues to benefit from the requested medication

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:

Date:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.