

BONE DENSITY REGULATORS PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Bone Density Regulators** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

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

CLINICAL INFORMATION

Non-preferred drug requested:		Strength:	Dosage form:	
Strength:	Directions:	Quantity:	Refills:	
Diagnosis (<i>submit documentation</i>):			DX code (<i>required</i>):	

Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.

INITIAL requests for all agents EXCEPT Xgeva:

- Has results of a recent bone mineral density test
- Has a history of low-trauma spine or hip fracture OR other fragility fracture
- 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
- 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"/> liver enzymes/LFTs	<input type="checkbox"/> intact parathyroid hormone (PTH)
<input type="checkbox"/> ionized calcium	<input type="checkbox"/> albumin	<input type="checkbox"/> urinary calcium excretion	<input type="checkbox"/> testosterone (if male)

INITIAL requests for non-preferred ORAL drug in this class:

- Has a history of trial and failure of or contraindication or intolerance to the preferred oral bisphosphonates

INITIAL requests for non-preferred INJECTABLE drug in this class:

- Has a history of trial and failure of or contraindication or intolerance to oral bisphosphonates
- Has a history of trial and failure of or contraindication or intolerance to the preferred injectable bisphosphonates

INITIAL requests for Xgeva:

- Has a diagnosis of giant cell tumor of the bone (NOTE: Giant cell tumor of bone is a benign tumor that typically occurs in young adults between the ages of 20 and 40. It generally occurs at the ends of the body's long bones, most often the lower end of the femur or upper end of the tibia.)
- Does NOT have a diagnosis of giant cell tumor of the bone AND as a history of trial and failure of or contraindication or intolerance to the preferred agents in this class that are FDA-approved or medically accepted for the treatment of the beneficiary's condition

RENEWAL requests (all agents):

- Continues to benefit from the requested medication

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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