

**PROLIA™ PREAUTHORIZATION
PHYSICIAN FAX FORM**



The following documentation is **REQUIRED** for preauthorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska website at www.nebraskablue.com
Please allow a minimum of 3-5 business days for review.

Today's Date: _____

PATIENT INFORMATION

Patient Name: _____	Patient Date of Birth (mm/dd/yyyy): _____
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INSURANCE INFORMATION

BCBSNE ID Number: _____

PHYSICIAN/CLINIC INFORMATION

Prescriber Name: _____		
Clinic Name and Address: _____		
Clinic City, State, Zip: _____	Phone Number: _____	Secure Fax Number: _____

PLEASE NOTE: If approved, a maximum of one 60mg injection is authorized per 180 days.

PREAUTHORIZATION INFORMATION

INITIAL AUTHORIZATION

1. Patient's diagnosis to be treated with requested medication: _____

A. Is the patient diagnosed with non-metastatic, hormone-sensitive prostate cancer or hormone receptor-positive non-metastatic breast cancer? YES NO

B. Is the patient currently receiving androgen deprivation therapy or adjuvant aromatase inhibitor therapy? YES NO

Provide medication being used from question 1B: _____

2. Patient's most recent T-score: _____ Date: _____

For postmenopausal osteoporosis, please answer the following:

3. Has the patient had an osteoporosis-related fracture? YES NO

4. Patients' 10-year hip fracture probability based on FRAX fracture risk model: _____

5. Patients' 10-year major osteoporosis-related fracture probability based on FRAX fracture risk model: _____

6. Does the patient have a contraindication to or is unable to tolerate bisphosphonate therapy? YES NO

If yes, please explain: _____

7. Does the patient have uncorrectable hypocalcemia? YES NO

Please provide any additional information that should be considered when reviewing this request: _____

Please fax or mail this form to:
Blue Cross and Blue Shield of Nebraska
Pharmacy Department - UM
1919 Aksarben Drive • P.O. Box 3248
Omaha, NE 68180-0001

**Toll Free Fax: 877-232-6726
Phone: 877-999-2374**

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