BOSTON MEDICAL CENTER HEALTHNet PLAN

ENVISIONRX

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.099 Forteo-Prolia-Xgeva
Forteo, Prolia, Xgeva
Version 10.0
Effective Date: 9/07/2017

Phone: 888-566-0008 Fax back to: 866-305-5739

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

☐ Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please indicate which medication is being requested:
☐ Forteo ☐ Prolia ☐ Xgeva

Q2. Is the request for initial or continuing therapy?
☐ Initial ☐ Continuing

Q3. If continuing therapy please indicate the start date: (MM/YY)

Q4. Please provide the patient's diagnosis below:

Q5. Please indicate the T-score as evidenced via a DXA bone density scan:
☐ Less than or equal to (-)2.5
☐ (-)1.0 to (-)2.4
☐ Other (please specify):

BOSTON MEDICAL CENTER HEALTHNet PLAN

ENVISIONRx

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.099 Forteo-Prolia-Xgeva
Forteo, Prolia, Xgeva
Version 10.0
Effective Date: 9/07/2017

Phone: 888-566-0008 Fax back to: 866-305-5739

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name: **Prescriber Name:**

Q6. IF Other, please specify:

Q7. Does the patient have multiple risk factors for fracture? (Please select all that apply):

- ☐ Advanced Age
- ☐ Chronic glucocorticoid use
- ☐ Cigarette smoking
- ☐ Excess alcohol intake
- ☐ Low BMI
- ☐ Parental history of hip fracture or Patient prior history of fragility fracture
- ☐ Presence of a disease state that is associated with low BMD (i.e., RA, IBD, Type 1 DM, Chronic liver disease)
- ☐ Family History of Osteoporosis

Q8. Has the patient had an inadequate response (defined as a declining T-score from baseline or a fragility fracture) or intolerance to a trial of at least 1 bisphosphonate agent and 1 injectable bisphosphate, or a contraindication to oral bisphosphonate treatment (i.e., esophageal stricture, achalasia, etc) and injectable bisphosphonate treatment?

☐ Yes ☐ No

Q9. If YES, please specify all drug names and describe the inadequate response, intolerance, or contraindication to treatment below:

Q10. For XGEVA and treament of giant cell tumor of the bone, is the patient's tumor unresectable or is surgical resection likely to result in severe morbidity?

☐ Yes ☐ No

Q11. For XGEVA, has the patient experienced intolerance, contraindication, or treatment failure to zoledronic acid?

☐ Yes ☐ No

Q12. If coverage of medication is approved, how will this medication be supplied? (Please check one)

- ☐ Order through Plan Preferred Specialty Pharmacy
- ☐ Provider/Hospital Buy & Bill

BOSTON MEDICAL CENTER HEALTHNet PLAN

ENVISIONRX

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.099 Forteo-Prolia-Xgeva
Forteo, Prolia, Xgeva
Version 10.0
Effective Date: 9/07/2017

Phone: 888-566-0008 Fax back to: 866-305-5739

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name: **Prescriber Name:**

Q13. If Buy and Bill, please provide the following information: J-Codes; Procedure Codes; Number of Units and Visits; Date of planned administration.

Prescriber Signature

Date

.