



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Bone Density Regulators

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans 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 (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is the requested medication prescribed for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication?

Yes No

Q2. Is the prescribed dose and duration of therapy for the requested medication consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q3. Does the patient have a history of a contraindication to the requested medication?

Yes No

Q4. Is the request for an osteoporosis related condition?

Yes No

Q5. Was the patient evaluated for secondary causes of osteoporosis including the following: complete blood count (CBC), vitamin D, ionized calcium, phosphorus, albumin, total protein, creatinine, liver enzymes (specifically alkaline phosphatase), intact parathyroid hormone (PTH), thyroid stimulating hormone (TSH), urinary calcium excretion, and testosterone (if a male)?

Yes No

Q6. Is the request for an anabolic agent?

Yes No

Q7. Does the patient have a T score of negative three and five tenths (-3.5) or below?

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Q8. Does the patient have a T score of negative two and five tenths (-2.5) or below?
Q9. Does the patient have a history of fragility fracture?
Q10. Does the patient have a history of therapeutic failure...
Q11. Has the patient received a cumulative treatment duration that exceeds recommendations...
Q12. Does the patient have a history of ANY of the following...
Q13. Is the requested medication Evenity (romosozumab) or Tymlos (abaloparatide)?
Q14. Does the patient have a documented history of intolerance or contraindication to Forteo?
Q15. Is the requested medication teriparatide?
Q16. Does the patient have a contraindication or intolerance to Foreo that would not be expected to occur with teriparatide?
Q17. Is the requested medication Evista (raloxifene)?
Q18. Does not have a documented history of venous thromboembolic event or breast cancer?

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Yes No

Q19. Is the patient a women with a risk factor for stroke (such as prior stroke or transient ischemic attack (TIA), atrial fibrillation, hypertension, or cigarette smoking)?

Yes No

Q20. Has the increased risk of death due to stroke been discussed with the patient and documented by the prescriber?

Yes No

Q21. Is the patient a postmenopausal woman at high risk of fracture (i.e., T-score between negative 1.0 and negative 2.5 and a history of fragility fracture of the proximal humerus, pelvis, or distal forearm; T-score between negative 1.0 and negative 2.5 at the femoral neck, total hip, or lumbar spine and a 10-year probability of a hip fracture greater than or equal to 3 percent or a 10-year probability of a major osteoporosis-related fracture greater than or equal to 20 percent based on the US-adapted World Health Organization (WHO) algorithm; T-score negative 2.5 or below at the femoral neck, total hip, or lumbar spine; OR history of low-trauma spine or hip fracture, regardless of bone density)?

Yes No

Q22. Is the patient at high risk for invasive breast cancer as defined by one of the following: A) prior biopsy with lobular carcinoma in situ (LCIS) or atypical hyperplasia, B) one or more first degree relatives with breast cancer, or C) A 5-year predicted risk of breast cancer greater than or equal to 1.66 percent (based on the modified Gail model)?

Yes No

Q23. Does the patient have a history of therapeutic failure (i.e., documented continued bone loss or fragility fracture after two (2) or more years despite treatment with a bisphosphonate), intolerance, or contraindication to bisphosphonates?

Yes No

Q24. Is the requested medication Xgeva (denosumab)?

Yes No

Q25. Does the patient have a history of therapeutic failure, intolerance, or contraindication to the preferred medication, zoledronic acid?

Yes No

Q26. Is the patient being treated for giant cell tumor of the bone?

Yes No

Q27. Does the patient have a high risk of fracture (i.e., T-score between negative 1.0 and negative 2.5 and a history of fragility fracture of the proximal humerus, pelvis, or distal forearm; T-score between negative 1.0 and negative 2.5 at the femoral neck, total hip, or lumbar spine and a 10-year probability of a hip fracture greater than or equal to 3 percent or a 10-year probability of a major osteoporosis-related fracture greater than or equal to 20 percent based on the US-

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adapted World Health Organization (WHO) algorithm; T-score negative 2.5 or below at the femoral neck, total hip, or lumbar spine; OR history of low-trauma spine or hip fracture, regardless of bone density)?

Yes checkbox

No checkbox

Q28. Does the patient have a history of therapeutic failure (i.e., documented continued bone loss or fragility fracture after two (2) or more years despite treatment with a bisphosphonate), intolerance, or contraindication to the preferred bone density regulators approved for the patient's diagnosis?

Yes checkbox

No checkbox

Q29. Is the request for a parenteral bisphosphonate?

Yes checkbox

No checkbox

Q30. Does the patient have a documented history of contraindication or intolerance to oral bisphosphonates?

Yes checkbox

No checkbox

Q31. Additional Information:

Prescriber Signature

Date

Updated for 2021