



Prolia and biosimilars

HMSAMED Medicare Advantage - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Patient's Phone Number: _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Patient Weight: _____ kg
Patient Height: _____ ft _____ inches

Indicate where the drug is being dispensed:

- Office Outpatient Hospital Ambulatory Surgical Inpatient Hospital
- Off Campus Outpatient Hospital Urgent Care Emergency Room Birthing Center
- Military Facility Skilled Nursing Facility Nursing Facility Hospice
- Inpatient Psychiatric Psychiatric Residential Treatment End Stage Renal Facility
- Psychiatric Facility Pharmacy Other

Indicate where the drug is being administered:

- Ambulatory surgical Home Inpatient Hospital
- Office Outpatient Hospital Pharmacy

What is the ICD-10 code? _____

Which product is being requested? Prolia BILDYOS CONEXENCE ENOBY JUBBONTI
 OSPOMYV STOBOCLO

Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message Prolia and biosimilars HMSAMED C26251-A - 1/2026.

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Criteria Questions:

1. What is the diagnosis or indication?
 - Osteoporosis treatment, *Continue to #4*
 - Osteoporosis prevention in an osteopenic postmenopausal woman, *Continue to #4*
 - Increasing bone mass in a man with prostate cancer, *Continue to #2*
 - Increasing bone mass in a woman with breast cancer, *Continue to #2*
 - Glucocorticoid-induced osteoporosis, *Continue to #2*
 - Other, *No Further Questions*

2. Is the patient currently receiving treatment with the requested product?
 - Yes, *Continue to #3*
 - No, *Continue to #6*

3. Is the patient receiving benefit from therapy?
 - Yes, *No Further Questions*
 - No, *No Further Questions*

4. Is the patient currently receiving treatment with the requested product?
 - Yes, *Continue to #5*
 - No, *Continue to #6*

5. Is the patient receiving benefit from therapy?
 - Yes, *No Further Questions*
 - No, *No Further Questions*

6. What is the diagnosis?
 - Osteoporosis treatment, *Continue to #7*
 - Osteoporosis prevention in an osteopenic postmenopausal woman, *No Further Questions*
 - Increasing bone mass in a man with prostate cancer, *Continue to #9*
 - Increasing bone mass in a woman with breast cancer, *Continue to #11*
 - Glucocorticoid-induced osteoporosis, *Continue to #13*

7. Is the patient a male or postmenopausal?
 - Male, *Continue to #8*
 - Postmenopausal patient, *Continue to #8*
 - Neither, *Continue to #8*

8. Is the patient at high risk for fracture?
 - Yes, *No Further Questions*
 - No, *No Further Questions*

9. Is the patient at high risk for fracture?
 - Yes, *Continue to #10*
 - No, *Continue to #10*

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10. Is the patient currently receiving androgen deprivation therapy (ADT) for prostate cancer?

Yes, *No Further Questions*

No, *No Further Questions*

11. Is the patient at high risk for fracture?

Yes, *Continue to #12*

No, *Continue to #12*

12. Is the patient receiving adjuvant aromatase inhibition therapy for breast cancer?

Yes, *No Further Questions*

No, *No Further Questions*

13. Is the patient at high risk for fracture?

Yes, *No Further Questions*

No, *No Further Questions*

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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