



Fax completed form to: (855) 840-1678
 If this is an URGENT request, please call (800) 882-4462
 (800.88.CIGNA)

Conexxence, Ospomyv, Stoboclo (denosumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:		* Date of Birth:
Office Fax:			* Patient Street Address:		
Office Street Address:			City:		State:
City:	State:	Zip:	Patient Phone:		
Urgency:					
<input type="checkbox"/> Standard <input type="checkbox"/> Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)					
Medication requested:					
<input type="checkbox"/> Conexxence 60mg <input type="checkbox"/> Ospomyv 60mg <input type="checkbox"/> Stoboclo 60mg ICD10:					
Dose:		Frequency of therapy:		Duration of therapy:	
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Home Health / Home Infusion vendor <i>**Cigna's nationally preferred specialty pharmacy</i> 					
<i>**Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557</i>					
Facility and/or doctor dispensing and administering medication:					
Facility Name:		State:		Tax ID#:	
Address (City, State, Zip Code):					
Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Diagnosis related to use:					
<input type="checkbox"/> Treatment of postmenopausal patients with osteoporosis <input type="checkbox"/> Treatment of osteoporosis in men (to increase bone mass in men) Note: Men are defined as individuals with the biological traits of a man, regardless of the individual's gender identity or gender expression <input type="checkbox"/> Treatment of bone loss (to increase bone mass) in patients at high risk for fracture receiving androgen-deprivation therapy for nonmetastatic prostate cancer <input type="checkbox"/> Treatment of bone loss (to increase bone mass) in patients at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. . <input type="checkbox"/> Treatment of glucocorticoid-induced osteoporosis (GIO) <input type="checkbox"/> Treatment of Bone Loss in Patients with prostate cancer receiving androgen deprivation therapy <input type="checkbox"/> Increase bone mineral density in patients with breast cancer <input type="checkbox"/> Prevention of osteoporosis <input type="checkbox"/> Giant cell tumor of the bone <input type="checkbox"/> All other indications or diagnoses					

Clinical Information:

(if Treatment of postmenopausal patients with osteoporosis) Has the patient had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist)? Yes No

(if no) Does the patient have low bone mass? Please Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist).

Yes No

(if yes) According to the prescriber, is the patient at high risk for fracture?

Yes No

(if no low bone mass or not at high risk for fracture) Has the patient had an osteoporotic fracture or fragility fracture?

Yes No

Has the patient tried ibandronate intravenous injection (Boniva) or zoledronic acid intravenous infusion (Reclast)? Yes No

(if no) Has the patient tried at least one oral bisphosphonate or oral bisphosphonate-containing product? Please Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D

(alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), Binosto (alendronate effervescent tablets for oral solution), and Boniva (ibandronate tablets). Yes No

(if yes) According to the prescriber, has the patient experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months? Please Note: Examples of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack of a BMD increase, and/or an osteoporotic fracture or a fragility fracture.

Yes No

(if no) Has the patient experienced significant intolerance to an oral bisphosphonate? Please Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.

Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient cannot swallow or has difficulty swallowing?

Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient cannot remain in an upright position post oral bisphosphonate administration? Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient has a pre-existing gastrointestinal medical condition? Please Note: Examples of pre-existing gastrointestinal medication conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia). Yes No

(if no) Has the patient had an osteoporotic fracture or a fragility fracture?

Yes No

(if no) According to the prescriber, does the patient have severe renal impairment or chronic kidney disease? Please Note: An example of severe renal impairment is a creatinine clearance less than 35 mL/minute. Yes No

(if yes) Has the patient been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of denosumab (Prolia, biosimilars)-induced hypocalcemia? Yes No

(if Treatment of bone loss [to increase bone mass] in patients at high risk for fracture receiving androgen-deprivation therapy for nonmetastatic prostate cancer) Does the patient have prostate cancer that is not metastatic to bone? Yes No

(if Treatment of bone loss [to increase bone mass] in patients at high risk for fracture receiving androgen-deprivation therapy for nonmetastatic prostate cancer) Is the patient receiving androgen deprivation therapy? Please Note: Examples of androgen deprivation therapy are Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion), Lupron Depot (leuprolide depot suspension injection), Eligard (leuprolide acetate suspension injectable), Firmagon (degarelix subcutaneous injection), Orgovyx (relugolix tablets), Trelstar (triptorelin pamoate suspension injection), and Zoladex (goserelin implant). Yes No

(if no) Has the patient undergone bilateral orchiectomy?

Yes No

(if Treatment of bone loss [to increase bone mass] in patients at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer) Does the patient have breast cancer that is not metastatic to bone? Yes No

(if Treatment of bone loss [to increase bone mass] in patients at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer) Is the patient receiving aromatase inhibitor therapy? Please Note: Examples of aromatase inhibitor therapy are anastrozole, letrozole, or exemestane. Yes No

(if Treatment of glucocorticoid-induced osteoporosis [GIO]) Is the patient either initiating or continuing chronic systemic glucocorticoids?
Please Note: An example of a systemic glucocorticoid is prednisone. Yes No

(if Treatment of osteoporosis in men [to increase bone mass in men] Note: Men are defined as individuals with the biological traits of a man, regardless of the individual's gender identity or gender expression) Has the patient had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist)? Yes No

(if no) Does the patient have low bone mass? Please Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist). Yes No

(if yes) According to the prescriber, is the patient at high risk for fracture? Yes No

(if no low bone mass or not at high risk for fracture) Has the patient had an osteoporotic fracture or fragility fracture? Yes No

Has the patient tried zoledronic acid intravenous infusion (Reclast)? Yes No

(if no) Has the patient tried at least one oral bisphosphonate or oral bisphosphonate-containing product? Please Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D (alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), Binosto (alendronate effervescent tablets for oral solution), and Boniva (ibandronate tablets). Yes No

(if yes) According to the prescriber, has the patient experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months? Please Note: Examples of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack of a BMD increase, and/or an osteoporotic fracture or a fragility fracture. Yes No

(if no) Has the patient experienced significant intolerance to an oral bisphosphonate? Please Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events. Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient cannot swallow or has difficulty swallowing? Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient cannot remain in an upright position post oral bisphosphonate administration? Yes No

(if no) Is the patient unable to take an oral bisphosphonate because the patient has a pre-existing GI medical condition? Please Note: Examples of pre-existing gastrointestinal medical condition include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia). Yes No

(if no) Has the patient had an osteoporotic fracture or a fragility fracture? Yes No

(if no) According to the prescriber, does the patient have severe renal impairment or chronic kidney disease? Please Note: An example of severe renal impairment is a creatinine clearance less than 35 mL/minute. Yes No

(if yes) Has the patient been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of denosumab (Prolia, biosimilars)-induced hypocalcemia? Yes No

(if Treatment of bone loss in patients with prostate cancer receiving androgen deprivation therapy) Is the patient receiving androgen deprivation therapy? Please Note: Examples of androgen deprivation therapy are Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion), Lupron Depot (leuprolide depot suspension injection), Eligard (leuprolide acetate suspension injectable), Firmagon (degarelix subcutaneous injection), Trelstar (triptorelin pamoate suspension injection), Zoladex (goserelin implant), and Orgovyx (relugolix tablets). Yes No

(if Increase bone mineral density in patients with breast cancer) Is the patient postmenopausal? Yes No

(if postmenopausal) Is the patient receiving aromatase inhibitor therapy? Please Note: Examples of aromatase inhibitor therapy are anastrozole, letrozole, or exemestane. Yes No

(if not postmenopausal) Is the patient premenopausal? Yes No

(if premenopausal) Is the patient receiving estrogen deprivation therapy? Please Note: Examples of estrogen deprivation therapy are leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous injection), anastrozole, letrozole, and exemestane. Yes No

With the exception of calcium and/or vitamin D supplements, will the patient be taking this medication in combination with other medications for osteoporosis? Please Note: Examples of medications for osteoporosis that denosumab products (Prolia, biosimilars) should NOT be given with include teriparatide subcutaneous injection (Forteo), Tymlos (abaloparatide subcutaneous injection), oral bisphosphonates (for example, alendronate, risedronate, ibandronate), intravenous bisphosphonates (zoledronic acid intravenous infusion [Reclast], ibandronate intravenous infusion), calcitonin nasal spray (Miacalcin/Fortical), and Evenity (romosozumab-aqqg subcutaneous injection). Yes No

(if Conexence or Stoboclo requested) Has the patient tried ALL of the following: Bilyos, Jubbonti, and Prolia? Yes No

(if yes) Is the patient unable to continue to use each of the formulary alternative(s) due to a formulation difference in the inactive ingredient(s) [for example, differences in stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction? Yes No

Additional pertinent information:

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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