Cigna®

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

Jubbonti, Prolia, 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:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:

☐ Standard ☐ 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:

☐ Jubbonti 60mg
☐ Prolia 60mg
☐ Stoboclo 60mg

ICD10:

Dose: Frequency of therapy: Duration of therapy:

Where will this medication be obtained?

☐ Accredo Specialty Pharmacy**
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):

☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

***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*

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? ☐ Yes ☐ No

Diagnosis related to use:

☐ Giant Cell Tumor of Bone
☐ Osteoporosis PREVENTION
☐ Bone Loss (Treatment to Increase Bone Mass) in Patients with BREAST CANCER at High Risk for Fracture Receiving Adjuvant Aromatase Inhibitor Therapy
☐ Increase Bone Mineral Density in Patients with BREAST CANCER
☐ Bone Loss (Treatment to Increase Bone Mass) in Patients with Nonmetastatic PROSTATE CANCER at High Risk for Fracture Receiving Androgen Deprivation Therapy
☐ Treatment of Bone Loss in Patients with PROSTATE CANCER Receiving Androgen Deprivation Therapy
☐ GLUCOCORTICOID-Induced Osteoporosis – Treatment
☐ Treatment of osteoporosis (patient does NOT meet any of the situations above)
☐ other (please specify):

Clinical Information:

(if Treatment of osteoporosis [patient does NOT meet any of the situations above]) Which of the following is your patient?
☐ Postmenopausal Patient
☐ Premenopausal Patient
☐ Man
☐ None of the above

(if Bone Loss [Treatment to Increase Bone Mass] in Patients with BREAST CANCER at High Risk for Fracture Receiving Adjuvant Aromatase Inhibitor Therapy) Has the patient's breast cancer metastasized to the bones? ☐ Yes ☐ No

(if Bone Loss [Treatment to Increase Bone Mass] in Patients with BREAST CANCER at High Risk for Fracture Receiving Adjuvant Aromatase Inhibitor Therapy) Is the patient receiving aromatase inhibitor therapy? Notes: Examples of aromatase inhibitor therapy are anastrozole, letrozole, or exemestane. ☐ Yes ☐ No

(if Bone Loss [Treatment to Increase Bone Mass] in Patients with Nonmetastatic PROSTATE CANCER at High Risk for Fracture Receiving Androgen Deprivation Therapy) Has the patient's prostate cancer metastasized to the bones? Notes: Examples of androgen deprivation therapy are Lupron Depot (leuprolide depot suspension injection), Eligard (leuprolide acetate suspension injectable), Trelstar (triptorelin pamoate suspension injection), and Zoladex (goserelin implant). ☐ Yes ☐ No

(if Bone Loss [Treatment to Increase Bone Mass] in Patients with Nonmetastatic PROSTATE CANCER at High Risk for Fracture Receiving Androgen Deprivation Therapy) Is the patient receiving androgen deprivation therapy? ☐ Yes ☐ No

(if no) Has the patient undergone bilateral orchiectomy? ☐ Yes ☐ No

(if GLUCOCORTICOID) Is the patient either initiating or continuing chronic systemic glucocorticoids? ☐ Yes ☐ No

(if GLUCOCORTICOID) Has the patient tried zoledronic acid intravenous (Reclast)? ☐ Yes ☐ No

(if no) Has the patient tried at least one oral bisphosphonate product or oral bisphosphonate-containing product?
Notes: 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), and Boniva (ibandronate tablets). ☐ Yes ☐ No

(if yes) Has the patient experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months, according to the prescriber?
Notes: 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?
Notes: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events. ☐ Yes ☐ No

(if not tried one oral bisphosphonate OR not inadequate efficacy/significant intolerance) Is the patient NOT able to swallow or do they have difficulty swallowing? ☐ Yes ☐ No

(if no) Is the patient able to remain in an upright position post oral bisphosphonate administration? ☐ Yes ☐ No

(if yes or unknown) Does the patient have a pre-existing gastrointestinal medical condition?
Notes: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia).
☐ Yes ☐ No

(if no) Does the patient have severe renal impairment or chronic kidney disease, according to the prescriber?
Notes: 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, biosimilar)-induced hypocalcemia?
☐ Yes ☐ No

(if no severe renal impairment/CKD or not evaluated for CKD mineral and bone disorder)
Has the patient had an osteoporotic fracture or a fragility fracture? ☐ Yes ☐ No

(if POST menopausal WOMAN or MAN) Has the patient had an osteoporotic fracture or a fragility fracture? ☐ Yes ☐ No

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 (for example, 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) Is the patient at high risk for fracture according to the prescriber? ☐ Yes ☐ No

(if man osteoporosis treatment) Has the patient tried zoledronic acid intravenous infusion (Reclast)? ☐ Yes ☐ No

(if POSTMENOPAUSAL patient, osteoporosis treatment) Has the patient tried ibandronate intravenous injection (Boniva) or zoledronic acid intravenous infusion (Reclast)? ☐ Yes ☐ No

(if no zoledronic acid [man] or no zoledronic acid/ibandronate [postmenopausal patient]) Has the patient tried at least one oral bisphosphonate product or oral bisphosphonate-containing product?
Notes: 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), and Boniva (ibandronate tablets). ☐ Yes ☐ No

(if yes) Has the patient experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months, according to the prescriber?
Notes: 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?
Notes: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events. ☐ Yes ☐ No

(if not tried one oral bisphosphonate OR not inadequate efficacy/significant intolerance) Is the patient NOT able to swallow or do they have difficulty swallowing? ☐ Yes ☐ No

(if no) Is the patient able to remain in an upright position post oral bisphosphonate administration? ☐ Yes ☐ No

(if yes) Does the patient have a pre-existing gastrointestinal medical condition?
Notes: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia). ☐ Yes ☐ No

(if no) Does the patient have severe renal impairment or chronic kidney disease, according to the prescriber?
Notes: 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, biosimilar)-induced hypocalcemia? ☐ Yes ☐ No

(if no severe renal impairment/CKD or not been evaluated for CKD mineral and bone disorder) Has the patient had an osteoporotic fracture or a fragility fracture? ☐ Yes ☐ No

(if Increase Bone Mineral Density in Patients with BREAST CANCER) Which of the following is your patient?
☐ Postmenopausal
☐ Premenopausal

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

(if Premenopausal) Is the patient receiving estrogen deprivation therapy? 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

Will the requested medication be used concurrently with any other medications for osteoporosis [Examples 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

Additional pertinent information: *Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug (with dates of use) and how they have been receiving it (for example: samples, out of pocket).*

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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