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

Conexxence, 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:

☐ Conexxence 60mg
☐ 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:

☐ Treatment of postmenopausal patients with osteoporosis
☐ 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
☐ Treatment of bone loss (to increase bone mass) in patients at high risk for fracture receiving androgen-deprivation therapy for nonmetastatic prostate cancer
☐ Treatment of bone loss (to increase bone mass) in patients at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. .
☐ Treatment of glucocorticoid-induced osteoporosis (GIO)
☐ Treatment of Bone Loss in Patients with PROSTATE CANCER Receiving Androgen Deprivation Therapy
☐ Increase bone mineral density in patients with breast cancer
☐ Prevention of osteoporosis
☐ Giant cell tumor of the bone
☐ 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 Conexxence or Stoboclo requested) Has the patient tried 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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