



DRUG NAME	
BILLING CODE	
BENEFIT TYPE	
SITE OF SERVICE	Hospital
STATUS	Pre-authorization Required

initi

) W-16 (Z)-r



If all the above requirements are met, the medication will be approved for 12 months.

For reauthorization:

1.



6. **Dosage allowed/Quantity limit:** 60 mg subQ every 6 months. (1 syringe (1 mL) per 6 months)

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Member continues to be at high risk for fracture due to receiving aromatase inhibitor therapy; AND
2. Chart notes have been provided showing stable or increase in bone mineral density, with no evidence of new fractures or vertebral fracture progression.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Prolia (denosumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
07/19/2019	New policy for Prolia created
08/13/2020	For osteoporosis: added age requirement; removed Appendix of risk factors for fracture; added diagnostic criteria for GC-ind



7. Rao SS, Budhwar N, Ashfaqe A. Osteoporosis in men. Am Fam Physician. 2010 Sep 1;82(5):503-8.