FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Xgeva® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

- ❑ Giant cell tumor of bone
- ❑ Hypercalcemia of malignancy
- ❑ Skeletal prevention in multiple myeloma and bone metastasis from solid tumors (BMST)
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____

For giant cell tumor of bone, answer the following:

Does the patient have unresectable tumor? ❑ **Yes** ❑ **No**

Is surgical resection likely to result in severe morbidity? ❑ **Yes** ❑ **No**

Is Xgeva prescribed by or in consultation with an oncologist? ❑ **Yes** ❑ **No**

Reauthorization:

Does the patient show evidence of progressive disease while on Xgeva therapy? ❑ **Yes** ❑ **No**

For hypercalcemia of malignancy, answer the following:

Does the patient have history of failure, contraindication, or intolerance to one intravenous bisphosphonate (e.g., Aredia [pamidronate], Zometa [zoledronic acid])? ❑ **Yes** ❑ **No**

Is Xgeva prescribed by or in consultation with an oncologist? ❑ **Yes** ❑ **No**

Reauthorization:

Is there documentation the patient has had a positive clinical response to Xgeva therapy? ❑ **Yes** ❑ **No**

For skeletal prevention in multiple myeloma and bone metastasis from solid tumors (BMST), answer the following:

Select the patient's diagnosis:

- ❑ Multiple myeloma
- ❑ Solid tumors (e.g., breast cancer, kidney cancer, lung cancer, prostate cancer, thyroid cancer)

For solid tumors: Is there documented evidence of one or more metastatic bone lesions? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.