



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Xgeva<sup>®</sup> 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:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Giant cell tumor of bone					
<input type="checkbox"/> Hypercalcemia of malignancy					
<input type="checkbox"/> Skeletal prevention in multiple myeloma and bone metastasis from solid tumors (BMST)					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>For giant cell tumor of bone, answer the following:</b>					
Does the patient have unresectable tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is surgical resection likely to result in severe morbidity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Xgeva prescribed by or in consultation with an oncology? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Reauthorization:</b>					
Does the patient show evidence of progressive disease while on Xgeva therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For hypercalcemia of malignancy, answer the following:</b>					
Does the patient have history of failure, contraindication, or intolerance to one intravenous bisphosphonate (e.g., Aredia [pamidronate], Zometa [zoledronic acid])? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Xgeva prescribed by or in consultation with an oncology? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Reauthorization:</b>					
Is there documentation the patient has had a positive clinical response to Xgeva therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For skeletal prevention in multiple myeloma and bone metastasis from solid tumors (BMST), answer the following:</b>					
Select the patient's diagnosis:					
<input type="checkbox"/> Multiple myeloma					
<input type="checkbox"/> Solid tumors (e.g., breast cancer, kidney cancer, lung cancer, prostate cancer, thyroid cancer)					
<b>For solid tumors:</b> Is there documented evidence of one or more metastatic bone lesions? <input type="checkbox"/> Yes <input type="checkbox"/> 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.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Xgeva\_Comm\_2019Jan-W