



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® Prior Authorization Request Form

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

Member Information (required)	Provider Information (required)
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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)
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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)
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**Select the diagnosis below:**

Giant cell tumor of bone (GCTB)

Hypercalcemia of malignancy

Prevention of skeletal-related events

Other diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

**For giant cell tumor of bone, answer the following:**

Is the patient's tumor unresectable?  Yes  No

If "no" to the above question, is surgical resection likely to result in severe morbidity?  Yes  No

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

Is this a request for continuation of prior Xgeva therapy?  Yes  No

Has the patient used Xgeva within the past 120 days?  Yes  No

**For hypercalcemia of malignancy, answer the following:**

Has the patient had trial and 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

Is this a request for continuation of prior Xgeva therapy?  Yes  No

**Reauthorization:**

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

**For prevention of skeletal-related events, answer the following:**

Does the patient have multiple myeloma?  Yes  No

Does the patient have solid tumors (e.g., breast cancer, kidney cancer, lung cancer, prostate cancer, thyroid cancer)?  Yes  No

Is there documentation the patient has evidence of one or more metastatic bone lesions?  Yes  No

Is this a request for continuation of prior Xgeva therapy?  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.  
 If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
 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.

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