



Xgeva and biosimilars

HMSACOM - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: _____ Date: _____
Patient's ID: _____ Patient's Date of Birth: _____
Patient's Phone Number: _____
Physician's Name: _____
Specialty: _____ NPI#: _____
Physician Office Telephone: _____ Physician Office Fax: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Patient Weight: _____ kg
Patient Height: _____ ft _____ inches

Indicate where the drug is being dispensed:

- ☐ Office ☐ Outpatient Hospital ☐ Ambulatory Surgical ☐ Inpatient Hospital
☐ Off Campus Outpatient Hospital ☐ Urgent Care ☐ Emergency Room ☐ Birthing Center
☐ Military Facility ☐ Skilled Nursing Facility ☐ Nursing Facility ☐ Hospice
☐ Inpatient Psychiatric ☐ Psychiatric Residential Treatment ☐ End Stage Renal Facility
☐ Psychiatric Facility ☐ Pharmacy ☐ Other

Indicate where the drug is being administered:

- ☐ Ambulatory surgical ☐ Home ☐ Inpatient Hospital
☐ Office ☐ Outpatient Hospital ☐ Pharmacy

What is the ICD-10 code? _____

Which product is being requested? ☐ Xgeva ☐ Wyost ☐ Osenvelt ☐ Bomynta ☐ Xbryk

Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Xgeva and biosimilars HMSACOM – 06/2025.

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Criteria Questions:

1. What is the diagnosis?
 - ☐ Giant cell tumor of the bone, *Continue to #2*
 - ☐ Prevention of skeletal-related events due to multiple myeloma or bone metastases from solid tumors (e.g., breast cancer, non-small cell lung cancer, thyroid carcinoma, kidney cancer, prostate cancer), *Continue to #2*
 - ☐ Hypercalcemia of malignancy, *Continue to #2*
 - ☐ Treatment for osteopenia or osteoporosis in patients with systemic mastocytosis, *Continue to #2*
 - ☐ Palliative care for bone metastases from thyroid carcinoma, *Continue to #2*
 - ☐ Other, *Continue to #2*
2. Is this request for a new start or continuation of the requested product therapy?
 - ☐ New start, *Continue to #4*
 - ☐ Continuation, *Continue to #3*
3. Was the requested product therapy previously authorized by HMSA/CVS for this member?
 - ☐ Yes, *Continue to #101*
 - ☐ No, *Continue to #4*
 - ☐ Unknown, *Continue to #4*
4. What is the patient's diagnosis?
 - ☐ Giant cell tumor of the bone, *No Further Questions*
 - ☐ Prevention of skeletal-related events due to multiple myeloma or bone metastases from solid tumors (e.g., breast cancer, non-small cell lung cancer, thyroid carcinoma, kidney cancer, prostate cancer), ***ACTION REQUIRED: Please submit documentation of primary cancer from patient's chart notes (e.g., breast, prostate). No Further Questions.***
 - ☐ Palliative care for bone metastases from thyroid carcinoma, ***ACTION REQUIRED: Please submit documentation of thyroid carcinoma from patient's chart notes. No Further Questions***
 - ☐ Hypercalcemia of malignancy, ***ACTION REQUIRED: Please submit documentation of pre-treatment albumin-corrected serum calcium level. Continue to #5***
 - ☐ Treatment for osteopenia or osteoporosis in patients with systemic mastocytosis, ***ACTION REQUIRED: Please submit documentation of systemic mastocytosis and pre-treatment T-score. No Further Questions***
5. Is the patient's condition refractory to IV bisphosphonate therapy?
 - ☐ Yes, *No Further Questions*
 - ☐ No, *Continue to #6*
6. Is there a clinical reason to avoid treatment with an IV bisphosphonate (e.g., acute renal impairment, renal insufficiency [creatinine clearance < 35 ml/min], history of intolerance to an IV bisphosphonate)?
 - ☐ Yes, *No Further Questions*
 - ☐ No, *No Further Questions*

CONTINUATION CRITERIA

101. What is the diagnosis?
 - ☐ Giant cell tumor of the bone, *Continue to #102*
 - ☐ Prevention of skeletal-related events due to multiple myeloma or bone metastases from solid tumors (e.g., breast cancer, non-small cell lung cancer, thyroid carcinoma, kidney cancer, prostate cancer), *No Further Questions*

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- ☐ Palliative care for bone metastases from thyroid cancer, *No Further Questions*
- ☐ Hypercalcemia of malignancy, *Continue to #103*
- ☐ Treatment for osteopenia or osteoporosis in patients with systemic mastocytosis, *Continue to #102*

102. Is the patient benefiting from therapy as evidenced by disease stability or disease improvement?

- ☐ Yes, *No Further Questions*
- ☐ No, *No Further Questions*

103. Is the patient benefiting from therapy as evidenced by disease stability or disease improvement?

- ☐ Yes, *No Further Questions*
- ☐ No, *No Further Questions*

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X_____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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