



Xgeva

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.

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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? _____

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 HMSACOM – 04/2024.

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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 Xgeva therapy?

- New start, *Continue to #4*
- Continuation, *Continue to #3*

3. Was Xgeva 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*
- Palliative care for bone metastases from thyroid cancer, *No Further Questions*
- Hypercalcemia of malignancy, *Continue to #103*

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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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