### XGEVA PRIOR APPROVAL REQUEST

**NOTE:** Form must be completed in its **entirety** for processing

Is this request for brand or generic?  
- [ ] Brand  
- [ ] Generic

1. Will the patient be using Xgeva with another RANKL-inhibitor?  
- [ ] Yes  
- [ ] No

2. How many vials are being requested for an 84 day supply?  
   ___________ vials per 84 days

3. Has the patient been on therapy with Xgeva continuously for the last 2 months, excluding samples?  
   Select answer below

   - [ ] NO - this is INITIATION of therapy, please answer the following questions:
     a. What is the patient’s diagnosis?
        - [ ] Bone metastases from solid tumors
        i. Is the patient at high risk for skeletal related events?  
           - [ ] Yes  
           - [ ] No
        ii. Has the patient had an inadequate treatment response, intolerance or contraindication to IV bisphosphonate, pamidronate or zoledronic acid?  
           - [ ] Yes  
           - [ ] No
        iii. Will any pre-existing hypocalcemia be corrected prior to initiation of therapy?  
           - [ ] Yes  
           - [ ] No

   - [ ] Giant cell tumor of bone
     i. Is the patient’s tumor unresectable or is surgical resection not recommended?  
        - [ ] Yes  
        - [ ] No
     ii. Will any pre-existing hypocalcemia be corrected prior to initiation of therapy?  
        - [ ] Yes  
        - [ ] No

   - [ ] Hypercalcemia of malignancy
     i. Has the patient’s disease relapsed or progressed after bisphosphonate therapy?  
        - [ ] Yes  
        - [ ] No

   - [ ] Multiple myeloma
     i. Is the patient at high risk for skeletal related events?  
        - [ ] Yes  
        - [ ] No
     ii. Has the patient had an inadequate treatment response, intolerance or contraindication to IV bisphosphonate, pamidronate or zoledronic acid?  
        - [ ] Yes  
        - [ ] No
     iii. Will any pre-existing hypocalcemia be corrected prior to initiation of therapy?  
        - [ ] Yes  
        - [ ] No

   - [ ] Other diagnosis (please specify):

   - [ ] YES – this is a PA renewal for CONTINUATION of therapy, please answer the following question:
     a. What is the patient’s diagnosis?
        - [ ] Bone metastases from solid tumors
        - [ ] Giant cell tumor of bone
        - [ ] Hypercalcemia of malignancy
        - [ ] Multiple myeloma
        - [ ] Other diagnosis (please specify):

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The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. Prescriber Certification: I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. Xgeva – FEP CSU_MD Fax Form Revised 6/3/2018
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**Message:**

Attended is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Electronically Online (ePA)</strong></td>
<td>Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</td>
</tr>
<tr>
<td><strong>Phone</strong> (4-5 minutes for response)</td>
<td>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</td>
</tr>
<tr>
<td><strong>Fax</strong> (3-5 days for response)</td>
<td>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. <strong>Please only fax the completed form once as duplicate submissions may delay processing times.</strong></td>
</tr>
</tbody>
</table>

**faster... easier... better...**

Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!