



## Xgeva and biosimilars

### HMSAMED Medicare Advantage - 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](mailto: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  Bilprevida  Bomynta  Osenvelt  Wyost  
 Xbryk  Xtrenbo

**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 HMSAMED C26252-A - 1/2026.

**CVS Caremark Specialty Programs • 2969 Mapunapuna Place • Honolulu, HI 96819**  
**Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • [www.caremark.com](http://www.caremark.com)**

**Criteria Questions:**

1. Is the patient currently receiving treatment with a denosumab product?
  - Yes, *Continue to #2*
  - No, *Continue to #5*
  
2. What is the patient's diagnosis?
  - Prevention of skeletal related events in multiple myeloma or bone metastases from solid tumor (e.g., breast cancer, non-small cell lung cancer, thyroid carcinoma, kidney cancer, prostate cancer), *Continue to #3*
  - Palliative care for bone metastases from thyroid carcinoma, *Continue to #3*
  - Giant cell tumor of the bone, *Continue to #3*
  - Hypercalcemia of malignancy, *Continue to #3*
  - Treatment of osteopenia or osteoporosis due to systemic mastocytosis, *Continue to #3*
  - Other, *No Further Questions*
  
3. Is the patient receiving benefit from therapy, defined as disease stability or improvement?
  - Yes, *Continue to #4*
  - No, *Continue to #4*
  
4. Is Xgeva being used to treat hypercalcemia of malignancy?
  - Yes, *No Further Questions*
  - No, *No Further Questions*
  
5. What is the patient's diagnosis?
  - Prevention of skeletal related events due to multiple myeloma or bone metastases from a solid tumor (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 carcinoma, *No Further Questions*
  - Treatment for osteopenia or osteoporosis in a patient with systemic mastocytosis, *No Further Questions*
  - Giant cell tumor of the bone, *No Further Questions*
  - Hypercalcemia of malignancy, *No Further Questions*
  - Other, *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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