

## Xgeva® Prior Authorization Form



**Patient's Information:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

Recipient's Maryland Medicaid Number: \_\_\_\_\_

SEX:  M  F

**Prescriber's Information:**

NAME: \_\_\_\_\_

NPI # \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**Contact Person for this Request:**

NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Y	N	Xgeva®
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have a diagnosis of giant cell tumor of the bone?
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have a tumor that is either recurrent, unresectable or where surgical resection is likely to cause severe morbidity?
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient a skeletally mature adolescent with a weight > 45 kg?
<input type="checkbox"/>	<input type="checkbox"/>	Does that patient have a diagnosis of bone metastases from solid tumors?
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have a diagnosis of hypercalcemia of malignancy?
<input type="checkbox"/>	<input type="checkbox"/>	Is the hypercalcemia refractory to intravenous bisphosphonate therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have any contraindications to Xgeva® therapy (hypocalcemia, hypersensitivity to ingredients)?
<input type="checkbox"/>	<input type="checkbox"/>	Is patient currently receiving Prolia®? Xgeva® includes the same active ingredient (denosumab) found in Prolia®. Patients receiving Xgeva® should not take Prolia®.
<b>Dose:</b>		
<input type="checkbox"/>	Xgeva® 120 mg subcutaneously every 4 weeks, with additional doses on days 8 and 15 of the first month of treatment.	
<input type="checkbox"/>	Xgeva® 120 mg subcutaneously every 4 weeks.	
<b>Directions for use:</b>		

I certify that all the above information is accurate and will be made available for audit if requested.

Prescriber's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax this completed form to 866-440-9345. Incomplete forms will not be reviewed.**