

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax toll-free (877) 974-4411, or local number (616) 942-8206

This form applies to: **Commercial Plan** **Medicaid Plan** **Medicare Plan**

Note: *Prior authorization is not required for Medicare*

Xgeva[®] (denosumab)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

NOTE: Xgeva[®] is a non-preferred specialty benefit. Xgeva[®] is not covered unless the patient has met prior authorization criteria (see below).

Xgeva[®] 120mg/1.7mL vial

Dose: _____

Start Date: _____

BILLING INFORMATION

Place of administration:

- Self-administered
 Provider's Office
 Outpatient Infusion Center
 Center Name: _____
 Home Infusion
 Agency Name: _____
 Self administered

Billing Options:

- Physician buy and bill
 Preferred Specialty Vendor
 Other: _____

Request:

- New
 Continuation

SECTION A – NEW THERAPY

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for Xgeva[®] (denosumab) requires the following information to certify:

A. What is the patient's diagnosis?

- a. bone metastases and advanced breast or prostate cancer – **ICD code:** _____
(no previous trial of other therapy needed)
- b. bone metastases and advanced cancer (other than breast or prostate cancer) – **ICD code:** _____
 Patient had a therapeutic trial and clinical failure with Zometa[®] (both criteria must be met)
- c. Other: _____. Dates of treatment: _____
If other, provide rationale for use: _____
ICD code: _____

NOTE: NOT INDICATED IN PATIENTS WITH MULTIPLE MYELOMA (increased mortality)

PRECERTIFICATION REQUIREMENTS

PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS

Authorization for Xgeva[®] (denosumab) requires the following information to certify:

- 1. Patient must have a diagnosis of bone metastases.**
- 2. Patient must have a documented therapeutic trial and clinical failure with Zometa[®].** A therapeutic trial and clinical failure with Zometa[®] is not required if the patient has advanced breast or prostate cancer.

***** All fields must be complete and legible for Prior Authorization Review*****

Please fax this request to: (877)974-4411 toll free or (616)942-8206

YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX