



To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

**This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.**

**SECTION A**

Please answer the following questions

1.  Yes     No    Does the member have hypocalcemia (for example, total serum calcium level < 8.5 mg/dL or ionized calcium < 4.6 mg/dL), which is a contraindication for denosumab?
2.  Yes     No    Will denosumab be used in patients on Xgeva?
3.  Yes     No    Is denosumab being used for the treatment of osteoporosis in a postmenopausal woman (for example, ICD-10 M81.0)?
4.  Yes     No    Is denosumab being used to increase bone mass in men with osteoporosis?
5.  Yes     No    Is denosumab being used to increase bone mass in men receiving androgen deprivation therapy for nonmetastatic prostate cancer?

6.  Yes     No    Is denosumab being used to increase bone mass in women receiving adjuvant aromatase inhibitor therapy for breast cancer?
7.  Yes     No    Is denosumab being used for the treatment of glucocorticoid-induced osteoporosis?
8.  Yes     No    Is the member at high risk for fractures (i.e., BMD T score below -2.5 or steroids use)?
9.  Yes     No    Does the member have a history of an osteoporotic fracture?
- 10  Yes     No    Has the member had and/or experienced a decrease in BMD T-score while on either alendronate, risedronate, or ibandronate?
- 11 Is the member not a candidate for bisphosphonates (for example, alendronate, risedronate, ibandronate, etc.) or is the member intolerant to bisphosphonates?  
 Yes    *(Document (1) medications used (2) contraindications or adverse outcome (3) anticipated significant adverse clinical outcome.):* \_\_\_\_\_  
 \_\_\_\_\_  
 No    \_\_\_\_\_  
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***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**    Physician Signature

\_\_\_\_\_

PHYSICIAN SIGNATURE

\_\_\_\_\_

DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>