

Member's Last Name:

7. θ Yes θ No

Xgeva

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

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

Member's First Name:

	SCAN IE) numbe	r:	Date of Birth:	
	Prescrib	er's Nan	ne:	Contact Person:	
	Office ph	none:		Office Fax:	
	Medication:			Diagnosis:	
	SECT	ION A	Please answer the follow	wing questions	
1.	θYes	θ Νο	Is the prescription written b	y an oncologist?	
2.	θYes	θ Νο	Is the indication or diagnos of bone? (If No, skip to que	is for the treatment of a patient with giant cell tumor estion 3.)	
3.	θYes	θ Νο	Is the tumor unresectable of morbidity?	or is surgical resection likely to result in severe	
4.	θYes	θ Νο	Is the indication or diagnosis for the prevention of skeletal related events in a patient with bone metastases from solid tumors? (If no, skip question 5)		
5.	θ Yes	θ Νο	Does the member have evi	dence of one or more metastatic bone lesions?	
6.	θ Yes	θ Νο	•	is treatment of hypercalcemia of malignancy: efractory to bisphosphonate therapy?	

Is the indication or diagnosis for the prevention of skeletal-related events in

patients with multiple myeloma?

8.	θ Yes	θ Νο	Is the member hypocalcemic? If no, skip question 9
9.	θ Yes	θ Νο	If the member is hypocalcemic, will the member's hypocalcemia be corrected prior to the initiation of Xgeva?
10.	θYes	θ Νο	Will Xgeva be used with Prolia?
	Please	docum	nent the symptoms and/or any other information important to this review:
	SECT	ION 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