

**VillageHealth**

by SCAN Health Plan®

Xgeva, Wyost

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

SECTION APlease answer the following questions

1. ☐ Yes ☐ No Is the member currently taking the requested medication?
2. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of a patient with giant cell tumor of bone? *(If NO, skip to question 4).*
3. ☐ Yes ☐ No Is the tumor unresectable or is surgical resection likely to result in severe morbidity? *(If YES, skip to question 8).*
4. ☐ Yes ☐ No Is the indication or diagnosis for the prevention of skeletal related events in a patient with bone metastases from solid tumors? *(If NO, skip to question 6).*
5. ☐ Yes ☐ No Does the member have evidence of one or more metastatic bone lesions? *(If YES, skip to question 8).*
6. ☐ Yes ☐ No Is the indication or diagnosis treatment of hypercalcemia of malignancy: persistent hypercalcemia refractory to bisphosphonate therapy?

7. ☐ Yes ☐ No Is the indication or diagnosis for the prevention of skeletal-related events in patients with multiple myeloma?
8. ☐ Yes ☐ No Does the member have pre-existing hypocalcemia?
9. ☐ Yes ☐ No Will the member's hypocalcemia be corrected prior to the initiation of denosumab?
10. ☐ Yes ☐ No Will denosumab be used with Prolia or Prolia biosimilars?
11. ☐ Yes ☐ No Is the prescription being written or recommended by an Oncologist?

Please document the symptoms and/or any other information important to this review:

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>