



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](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:
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**SECTION A** Please answer the following questions

1.  Yes  No Is the prescription written by an oncologist?
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 3.)*
3.  Yes  No Is the tumor unresectable or is surgical resection likely to result in severe morbidity?
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 question 5)*
5.  Yes  No Does the member have evidence of one or more metastatic bone lesions?
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 Is the member hypocalcemic? *If no, skip question 9*
9.  Yes  No If the member is hypocalcemic, will the member's hypocalcemia be corrected prior to the initiation of Xgeva?
10.  Yes  No Will Xgeva be used with Prolia?

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

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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.scanhealthplan.com>