



Fax completed form to: (855) 840-1678  
 If this is an URGENT request, please call (800) 882-4462  
 (800.88.CIGNA)

# Xgeva (denosumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:		* Date of Birth:
Office Fax:			* Patient Street Address:		
Office Street Address:			City:		State:
City:			State:		Zip:
State:			Patient Phone:		
Zip:					
<b>Urgency:</b> <input type="checkbox"/> Standard <span style="margin-left: 200px;"><input type="checkbox"/> Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)</span>					
<b>Medication requested:</b> <input type="checkbox"/> Xgeva 120mg <span style="margin-left: 100px;">ICD10:</span>					
Dose:		Frequency of therapy:		Duration of therapy:	
Is this a new start or does your patient have a previous history of using the requested medication? If patient has been taking samples, please pick "new start." <input type="checkbox"/> new start <span style="margin-left: 100px;"><input type="checkbox"/> Previous history of using Xgeva</span>					
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Accredo Specialty Pharmacy** <span style="margin-left: 300px;"><input type="checkbox"/> Retail pharmacy</span> <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <span style="margin-left: 200px;"><input type="checkbox"/> Home Health / Home Infusion vendor</span> <input type="checkbox"/> Other (please specify): <span style="margin-left: 100px;">**Cigna's nationally preferred specialty pharmacy</span>					
<i>**Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822   NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557</i>					
<b>Facility and/or doctor dispensing and administering medication:</b> Facility Name: <span style="margin-left: 150px;">State:</span> <span style="margin-left: 150px;">Tax ID#:</span> Address (City, State, Zip Code):					
Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>Diagnosis related to use:</b> <input type="checkbox"/> Bone Metastases from Solid Tumors (examples include breast cancer, prostate cancer, and non-small cell lung cancer) – Prevention of Skeletal-Related Events <input type="checkbox"/> Giant Cell Tumor of Bone (GCTB) <input type="checkbox"/> Hypercalcemia of Malignancy <input type="checkbox"/> Multiple Myeloma – Prevention of Skeletal-Related Events <input type="checkbox"/> other (please specify):					
<b>Clinical Information:</b>  (if Bone Metastases from Solid Tumors) Does your patient have bone metastases? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  (if Bone Metastases from Solid Tumors) Does your patient have prostate cancer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  (if Bone Metastases from Solid Tumors [prostate cancer]) Is the patient's disease considered to be castration-resistant (meaning it progressed after treatment with hormonal therapy [examples of hormonal therapies for prostate cancer include Lupron Depot (leuprolide for depot suspension), Eligard (leuprolide acetate for injectable suspension), Trelstar (triptorelin pamoate for injectable suspension) or Zoladex (goserelin implant)] or after surgical castration [for example, bilateral orchiectomy])? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					

(Bone Metastases from Solid Tumors or MM) Does your patient have renal impairment (creatinine clearance less than 30 mL/min)?  Yes  No

(if Hypercalcemia of Malignancy) Does the patient currently have a malignancy?  Yes  No

(if Hypercalcemia of Malignancy) Does the patient have an albumin-corrected calcium (cCa) of 11.5 mg/dL or higher?  Yes  No

(Bone Metastases from Solid Tumors or MM) The covered alternative is zoledronic acid injection (Zometa). If your patient has tried this drug, please provide drug strength, date(s) taken and for how long, and what the documented results were of taking this drug, including any intolerances or adverse reactions your patient experienced. If your patient has NOT tried this drug, please provide details why your patient can't try this alternative. \_\_\_\_\_

(if Bone Metastases from Solid Tumors or MM) Per the information provided above, which of the following is true for your patient in regard to the covered alternative?

- The patient tried the alternative, but it didn't work.
- The patient tried the alternative, but they did not tolerate it.
- The patient cannot try the alternative because of a contraindication to this drug.
- Other

(Bone Metastases from Solid Tumors or MM) Is this medication prescribed by, or in consultation with, a hematologist or an oncologist?  Yes  No

**Additional pertinent information:** *(including prior therapy, disease stage, performance status, and names/doses/admin schedule of any agents to be used concurrently)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at [cigna.com](http://cigna.com).*

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