



**BlueCross
BlueShield**

Federal Employee Program.

XGEVA

PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Xgeva (denosumab)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

How many vials are being requested for an 84 day supply? _____ vial(s) per 84 days

1. What is the patient's diagnosis?

☐ Bone metastases from solid tumors **OR** ☐ Multiple myeloma

a. Has the patient been on therapy with Xgeva continuously for the last **2 months, excluding samples**? ☐ Yes ☐ No*

***If NO**, please answer the following questions:

i. Is the patient at high risk for skeletal related events? ☐ Yes ☐ No

ii. Has the patient had an inadequate treatment response, intolerance or contraindication to IV bisphosphonate, pamidronate or zoledronic acid? ☐ Yes ☐ No

iii. Will any pre-existing hypocalcemia be corrected prior to initiation of therapy? ☐ Yes ☐ No

☐ Giant cell tumor of bone

a. Has the patient been on therapy with Xgeva continuously for the last **2 months, excluding samples**? ☐ Yes ☐ No*

***If NO**, please answer the following questions:

i. Is the patient's tumor unresectable or is surgical resection not recommended? ☐ Yes ☐ No

ii. Will any pre-existing hypocalcemia be corrected prior to initiation of therapy? ☐ Yes ☐ No

☐ Hypercalcemia of malignancy

a. Has the patient been on therapy with Xgeva continuously for the last **2 months, excluding samples**? ☐ Yes ☐ No*

***If NO**, has the patient's disease relapsed or progressed after bisphosphonate therapy? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

2. Will the patient be using Xgeva with another *RANKL-inhibitor? ☐ Yes ☐ No

***RANKL Inhibitor: Prolia (denosumab)**



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA)</p> <p>Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone</p> <p>(4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax</p> <p>(3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

faster...

easier...

better...

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

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