P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
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selecthealth

PREAUTHORIZATION FORM

Xgeva™
(Denosumab)

Therapeutic use: Xgeva™ is indicated for the prevention of skeletal-related events (SRE) in patients with bone metastases of solid tumors.
Quantity Limit: 120mg every 4 weeks
Authorization Period: 12 months

Patient's name _____

Patient's ID# | | | | | | | | | DOB | | / | | / | | | |

ICD-9 | | | | | | | | | | | _____

Physician's name_____

Physician's Ph# (| | |) | | | - | | | | | Fax# | | | - | | | |

Physician's signature_____ Date signed | | / | | / | | | |

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Is the prescribing physician an oncologist?	❑ Yes	❑ No
2.	Does the patient have a diagnosis of bone metastases related to a solid tumor?	❑ Yes	❑ No
3.	Xgeva has shown to be superior to Zometa in the prevention of SRE's for metastatic breast or prostate cancer. Does the patient have a diagnosis of metastatic breast or prostate cancer?	❑ Yes	❑ No
4.	Other agents for the prevention of SRE's need to be adjusted for renal impairment, Xgeva does not undergo renal elimination nor does it need to be adjusted for renal impairment. Does the patient have severe renal impairment (CrCl <35mL/min)?	❑ Yes	❑ No
5.	Has the patient previously been treated with Zometa™ or Aredia™ for treatment of SREs and failed therapy? If so, please explain the reason for discontinuation.	❑ Yes	❑ No

❑ Progression of disease	Explain:
❑ Side effects of prior therapy	Explain:

Xgeva is not indicated in patients with multiple myeloma.

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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