Cigna®

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

# Bilprevda, Wyost, 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: | Zip: |
| City: | State: | Zip: | Patient Phone: | | |

**Urgency:**
☐ Standard ☐ 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)

**Medication requested:**
☐ Bilprevda 120mg
☐ Wyost 120mg
☐ Xgeva 120mg

ICD10:

Dose: Frequency of therapy: Duration of therapy:

**Where will this medication be obtained?**
☐ Accredo Specialty Pharmacy**
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

*****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*

**Facility and/or doctor dispensing and administering medication:**
Facility Name: State: Tax ID#:
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? ☐ Yes ☐ No

**Diagnosis related to use:**
☐ Bone Metastases from Solid Tumors (examples include breast cancer, prostate cancer, and non-small cell lung cancer) – Prevention of Skeletal-Related Events
☐ Giant Cell Tumor of Bone
☐ Hypercalcemia of Malignancy
☐ Multiple Myeloma – Prevention of Skeletal-Related Events
☐ other

**Clinical Information:**

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

(if Bone Metastases from Solid Tumors) Does the patient have bone metastases? ☐ Yes ☐ No

(if Bone Metastases from Solid Tumors) Does the patient have prostate cancer? ☐ Yes ☐ No

(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])? ☐ Yes ☐ No

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

(if no) Is the patient currently taking, or has a previous history of using denosumab products (Xgeva, biosimilars)? ☐ Yes ☐ No

(if no) Has the patient tried zoledronic acid injection (Zometa)? ☐ 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

**Additional pertinent information:**

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:**_____

**Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.**

*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.*

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