



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Xgeva

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: <input type="checkbox"/> Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	Specialty/facility name (if applicable):

☐ **REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a continuation? If Yes, go to 16.

☐ Yes

☐ No

Q2. Is Xegva being used for the prevention of skeletal-related events in patients with multiple myeloma and patients with documented bone metastases from solid tumors?

☐ Yes

☐ No

Q3. Is Xegva being used in the treatment of adults and skeletally mature adolescents with documented giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity?

☐ Yes

☐ No

Q4. Is Xegva being used to treat hypercalcemia of malignancy refractory to bisphosphonates?

☐ Yes

☐ No

Q5. Is there documentation showing a trial of, intolerance to, or contraindication to zoledronic acid?



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Is there documentation of albumin-corrected calcium greater than 12.5 mg/dL?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Is there documentation of a trial of, intolerance to, or contraindication to IV bisphosphonates?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Is there documentation showing calcium levels were checked, corrected prior to therapy and will be monitored while on therapy?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Is there documentation showing the patient will be receiving supplementation with calcium and vitamin D?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q10. Is there documentation showing that an oral exam was done, and appropriate preventive dentistry was done prior to starting treatment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q11. Is there documentation showing that the patient is not pregnant or planning to become pregnant while on Xgeva, if applicable?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q12. Is there documentation showing the patient will be using highly effective contraception during treatment and for at least 5 months after the last dose of Xgeva, if applicable?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q13. Is the prescriber a Hematologist or Oncologist?	



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Patient Name:	Prescriber Name:
<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q14. Is the patient currently being treated with Prolia? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q15. Does the prescriber want to have the medication provided by a pharmacy and covered under Medicare Part D? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q16. Is the diagnosis hypercalcemia of malignancy refractory to bisphosphonates? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q17. Is there documentation that the corrected serum calcium is less than 11.5 mg/dL? Documentation must be attached. <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q18. Is there documentation showing improvement or stabilization of disease? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q19. Does the prescriber want to have the medication provided by a pharmacy and covered under Medicare Part D? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
Q20. Additional Information:	

Prescriber Signature

Date

v2025