



Send completed form to:
Peach State Health Plan Pharmacy Department
Fax: 1-866-374-1579

Xgeva

Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copay or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

Patient Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Physician Office Address: _____

1. What drug is being prescribed? Xgeva Other _____
2. What is the diagnosis?
 Bone metastases from a solid tumor
 Other _____
3. **What is the ICD-9?** _____
4. **Document primary cancer (e.g. breast, prostate):** _____
5. Does the patient have pre-existing hypocalcemia? Yes No **If No, skip to # 7*
6. Will hypocalcemia be corrected prior to starting Xgeva? Yes No
7. Will the patient receive calcium and vitamin D as needed to treat or prevent hypocalcemia?
 Yes No
8. Has the patient failed trials of both pamidronate and Zometa? Yes No
9. Is the patient contraindicated or intolerant to both pamidronate and Zometa? Yes No

****NOTE: We can NOT make a decision without documentation - Thank You****

Information given on this form is accurate as of this date:

X _____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Xgeva Centene - MD Fax 04/12/11