Cigna®

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

Osenvelt, 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:
☐ Osenvelt 120mg ☐ Wyost 120mg ☐ Xgeva 120mg

ICD10:

Dose: Frequency of therapy: Duration of therapy:

Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples of the requested medication, please choose new start of therapy.
☐ new start
☐ Continuation 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 (GCTB)
☐ Hypercalcemia of Malignancy
☐ Multiple Myeloma – Prevention of Skeletal-Related Events
☐ other (please specify):

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 your patient have bone metastases? ☐ Yes ☐ No

(if Bone Metastases from Solid Tumors) Does your 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 your patient have renal impairment (creatinine clearance less than 30 mL/min)? ☐ 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

(if Bone Metastases from Solid Tumors or MM) Is the patient currently taking the requested medication OR do they have previous history of using denosumab products (Xgeva, biosimilars)? ☐ Yes ☐ No

(if Bone Metastases from Solid Tumors or MM) Has the patient tried zoledronic acid injection (Zometa)? ☐ Yes ☐ No

Additional pertinent information: *(including prior therapy, disease stage, performance status, and names/doses/admin schedule of any agents to be used concurrently)*

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:**_____

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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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