XGEVA® (denosumab)
Prior Authorization Form

ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

Complete Patient and Physician information (PLEASE PRINT)

STEP 1

Member Name:	Physician Name:
Address:	Address:
Member ID:	Phone #:
Member DOB:	Fax #:
Member Phone:	NPI Number:

Xgeva is exclusively provided by Modern Health Specialty Pharmacy Phone: 800-228-3643

Complete the Clinical Assessment:

Please attach all relevant medical records and test results.

Diagnosis *(documentation required)*	☐ Risk of **skeletal-related events** in patient with bone metastases from solid tumor cancer. ☐ Treatment of adults and skeletally mature adolescents with **giant cell tumor** of bone that is unresectable or where surgical resection is likely to result in severe morbidity. ☐ Other (please state): _____
Clinical Consideration	**Acknowledgement:** ☐ Patient **does not** have a diagnosis of Multiple Myeloma ☐ Preexisting hypocalcemia is a contraindication to use of Xgeva and must be corrected prior to therapy. ☐ If applicable, preexisting hypocalcemia has been corrected.
Physician Specialty	Diagnosis made by: ☐ Oncologist ☐ Other (please state): _____
Supporting Documentation	Diagnosis: ICD-9/10 Code #/ Description / J Code (required):
	Please attach a copy of the prescription or provide ALL of the information below: Xgeva ® (denosumab) Strength _____ Sig _____ Qty _____ Refills _____
	We will not process incomplete forms. **If we do not receive the completed form and all relevant medical records and test results within 6 calendar days of this request, it will be denied.**

STEP 3

I certify that the above is correct and accurate to the best of my knowledge and that the form is complete. (Please sign and date)

_____ _____
Prescriber Signature Date

STEP 4

Fax completed form, all records & test results to RMHP Pharmacy Help Desk ONLY: 970-248-5034

Name of Person filling out form: _____

Pharmacy Technician initials _____Date Initiated _____

Xgeva™ (Denosumab)

CLASSIFICATION

- Monoclonal antibody, anti-resorptive

DESCRIPTION

- Denosumab is a monoclonal antibody that inhibits the development and activity of osteoclasts through binding inhibition of the RANK ligand (RANKL) protein, which inhibits the formation, function, and survival of osteoclasts, leading to decreased bone resorption and increased bone mass and strength in the cortical and trabecular bone.

Bone Metastasis from Solid Tumors:

- Xgeva is indicated for prophylaxis of skeletal-related events (SRE) in patients with bone metastases associated with solid tumors.
- Limitation of use: Xgeva is not indicated for the prevention of skeletal-related events in patients with multiple myeloma. A subgroup analysis in patients with Multiple Myeloma (n=180) showed a higher rate of mortality with Xgeva.
- In an international, randomized, double-blind, active-controlled, phase 3, noninferiority trial (n=2046), denosumab was superior to zoledronic acid for delay of time to first SRE in patients with bone metastasis from advanced breast cancer.
- In an international, randomized, double-blind, double-dummy, active-controlled trial (n=1901), denosumab was superior to zoledronic acid for delay of time to first SRE in men with bone metastasis from castrate-resistant prostate cancer.
- In an international, randomized, double-blind, double-dummy, active-controlled noninferiority trial (n=1776), denosumab was noninferior to zoledronic acid in delaying time to first SRE in patients with solid tumors other than breast and castrate-resistant prostate cancer with bone metastasis and multiple myeloma.
- Most common adverse reactions (per-patient incidence greater than or equal to 25%) were fatigue/asthenia, hypophosphatemia, and nausea.

Giant Cell Tumor of Bone:

- Xgeva is also indicated for the treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- In an evaluation of 187 patients treated with denosumab in 2 noncomparative, proof-of-concept studies in patients with giant cell tumor of bone that was unresectable or where surgical resection was likely to result in severe morbidity (n=304), the overall objective response rate was 25%; all were partial responses; 3 patients had disease progression following an objective response.
- In an assessment of 6 evaluable skeletally mature adolescents, 13 to 17 years old, treated with denosumab in an open-label, proof-of-concept study in patients with giant cell tumor of bone (n=160), an overall objective response was achieved by 2 of 6 patients; both were partial responses.
- Most common adverse reactions (per-patient incidence greater than or equal to 10%) were arthralgia, headache, nausea, back pain, fatigue, and pain in extremity.

FORMULARY COVERAGE

Prior authorization:	Required
Good Health Formulary:	Tier 6
Commercial Formulary:	Tier 6
Medicare Part D coverage:	Part B if administration is "incident to a physician's service" otherwise Part D (Tier 5)

COVERAGE CRITERIA

Xgeva® (denosumab) meets the definition of **medical necessity** for the following:

- Patient with bone metastases from a solid tumor cancer to prevent skeletal-related events (documentation required).
    - Patient **does not** have a diagnosis of Multiple Myeloma
- Adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity (documentation required).

Note: Preexisting hypocalcemia is a contraindication to use of Xgeva and must be corrected prior to therapy.

Xgeva® (denosumab) is considered **experimental** for the following:

- Any indication that is not FDA approved or Compendia supported.

Required Provider Specialty:

- Oncologist

DOSAGE/ADMINISTRATION:

Prevention of skeletal-related events in patients with bone metastasis associated with solid tumors:
The recommended dosage for prevention of skeletal-related events in patients with bone metastases from solid tumors is 120 mg subQ into the upper arm, upper thigh, or abdomen every 4 weeks.

- Administer calcium and vitamin D as needed for the treatment or prevention of hypocalcemia.

Giant cell tumor of bone, Unresectable or where surgical resection is likely to result in severe morbidity:

- The recommended dose of denosumab in adults and skeletally mature adolescents for the treatment of giant cell tumor of bone is 120 mg subQ every 4 weeks with additional 120-mg doses on days 8 and 15 of the first month of therapy.
- Administer calcium, magnesium, and vitamin D as needed for the treatment or prevention of hypocalcemia.

Dosage in Renal Failure

- Dose adjustments are NOT needed in patients with renal impairment but there is an increased risk of hypocalcemia. Consider the benefit-risk profile when administering to patients with severe renal impairment or receiving dialysis.

PRECAUTIONS:

Contraindications:

- Hypersensitivity to denosumab, known and clinically
- Significant preexisting hypocalcemia - correct before initiating therapy

Precautions:

- Same active ingredient as Prolia®. Concomitant use of different denosumab products not recommended.
- Pre-existing hypocalcemia must be corrected prior to initiating therapy. Xgeva® can cause severe symptomatic hypocalcemia, and fatal cases have been reported. Monitor calcium levels and administer calcium, magnesium, and vitamin D as necessary. Monitor levels more frequently when Xgeva® is administered with other drugs that can also lower calcium levels. Advise patients to contact a healthcare professional for symptoms of hypocalcemia.
- New or worsening hypocalcemia, including fatalities, have been reported. Adequate supplementation of calcium and vitamin D may be required during therapy.
- Severe renal impairment or receiving dialysis: Based on clinical trials using a lower dose of denosumab, patients with a creatinine clearance less than 30 mL/min or receiving dialysis are at greater risk of severe hypocalcemia compared to patients with normal renal function. The risk of hypocalcemia at the recommended dosing schedule of 120 mg every 4 weeks has not been evaluated in patients with a creatinine clearance less than 30 mL/min or receiving dialysis. Maintain calcium levels with adequate intake of calcium and vitamin D during therapy.
- Bone remodeling suppression has been reported and may contribute to osteonecrosis of the jaw, atypical fractures, and delayed fracture healing.
- The following conditions may also increase the risk for osteonecrosis of the jaw: Comorbid disorders (e.g. cancer, infection, coagulopathy, anemia, ill-fitting dentures, periodontal, poor oral hygiene, and other pre-existing dental disease), concomitant chemotherapy or corticosteroids, or invasive dental procedures (e.g. tooth extraction, dental implants, oral surgery).
- Dermatitis, eczema, and rashes have been reported. Severe symptoms warrant discontinuation of Xgeva therapy.
- Endocarditis has been reported and necessitates assessment for continued therapy.
- Pre-existing immunosuppression increases the risk for serious infections.
- Mineral metabolism disturbances, pre-existing (e.g. hypoparathyroidism, thyroid or parathyroid surgery, malabsorption syndromes, excision of small intestine); increased risk of hypocalcemia, hypomagnesemia, and hypophosphatemia; monitor serum levels; adequate intake of calcium and vitamin D required during therapy.
- Opportunistic infections requiring hospitalization involving the skin, abdomen, urinary tract, and ear have been reported; evaluate need for continued therapy.
- Pregnancy Category X. Pregnancy should be avoided.
- May impair bone growth in children with open growth plates and inhibit dentition eruption; use not recommended.

Billing/Coding information

Associated HCPCS Codes:

J0897	Injection, denosumab, 1mg (For billing prior to 1/1/12 use J3590 or C9272)

Associated CPT Coding:

96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

COST

- AWP (August 2011): 120mg/1.7ml single-use vial: $1,980
- AWP (September 2013): 120mg/1.7ml single-use vial: $2,017
- AWP (September 2013): 120mg/1.7ml single-use vial: $2,056

COMMITTEE APPROVAL:

- May 25, 2011

GUIDELINE UPDATE INFORMATION:

November 14, 2011	Coverage policy creation
September 25, 2013	Coverage policy updated

REFERENCES:

- DRUGDEX®, accessed 11/14/11, 09/25/2013, 5/7/2014.
- Product Information: Xgeva ™ (denosumab) subcutaneous injection. Amgen, Inc, Thousand Oaks, CA, 2010; revised 8/2013.