

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Xgeva (denosumab)
BILLING CODE	J0897
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— see “Dosage allowed”
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Xgeva (denosumab) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

MULTIPLE MYELOMA AND BONE METASTASIS FROM SOLID TUMORS

Any request for multiple myeloma and bone metastasis from solid tumors must be submitted through [NantHealth/Eviti](#) portal.

GIANT CELL TUMOR OF BONE

For **initial** authorization:

1. Member is 12 years of age or older; AND
2. Member has a confirmed diagnosis of giant cell tumor of bone that is either recurrent (tumor came back after surgery), cannot be removed by surgery, or where surgery is likely to result in severe morbidity (i.e., loss of limbs or joint removal).
3. **Dosage allowed:** one subcutaneous injection (120 mg) every 4 weeks with additional 120 mg doses on day 8 and 15 of the first month of therapy.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes have been provided showing that the tumor is stable or decreased in size from baseline.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

HYPERCALCEMIA OF MALIGNANCY

Any request for hypercalcemia of malignancy must be submitted through [NantHealth/Eviti](#) portal.

CareSource considers Xgeva (denosumab) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
08/13/2020	New policy for Xgeva created.

References:

1. Xgeva [prescribing information]. Thousand Oaks, CA: Amgen Inc.; June, 2020.
2. National Comprehensive Cancer Network. Multiple myeloma (Version 4.2020). https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed August 14, 2020.
3. Anderson K, Ismaila N, Flynn PJ, et al. Role of Bone-Modifying Agents in Multiple Myeloma: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2018 Mar 10;36(8):812-818.
4. Van der Heijden L, Dijkstra PD, van de Sande MA, et al. The clinical approach toward giant cell tumor of bone. *Oncologist*. 2014;19(5):550-561.
5. Sternlicht H, Glezerman IG. Hypercalcemia of malignancy and new treatment options. *Ther Clin Risk Manag*. 2015;11:1779-1788. Published 2015 Dec 4.

Effective date: 12/01/2020

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