

SENTARA COMMUNITY PLAN (MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-305-2331. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

Denosumab Biosimilars for Oncology Indications (Medical)

The Sentara Health Plans Oncology Program is administered by OncoHealth

- ❖ **For any oncology indications**, the most efficient way to submit a prior authorization request is through the **OncoHealth OneUM Provider Portal** at <https://oneum.oncohealth.us>. Fax to **1-800-264-6128**.
OncoHealth can also be contacted by Phone: 1-888-916-2616.
- ❖ Commercial customers **NOT** enrolled in the OncoHealth program, please fax requests to Sentara Health plans at fax number 1-800-750-9692.

Drug Requested: select one drug below

PREFERRED	
Trial and failure of Bilprevda® is required prior to the use of Osenvelt® or Wyost®	
<input type="checkbox"/> Bilprevda® (denosumab-nxxp) (Q5162)	<input type="checkbox"/> Osenvelt® (denosumab-bmwo) (Q5157)
<input type="checkbox"/> Wyost® (denosumab-bbdz) (Q5136)	<input type="checkbox"/>
NON-PREFERRED	
Trial and failure of Bilprevda® and either Osenvelt® or Wyost® is required prior to the use of any non-preferred denosumab biosimilar product	
<input type="checkbox"/> Aukelso™ (denosumab-kyqq) (Q5161)	<input type="checkbox"/> Bomynta® (denosumab-bnht) (Q5158)
<input type="checkbox"/> Xgeva® (denosumab) (J0897)	<input type="checkbox"/> Xtrenbo™ (denosumab-qbde) (C9399/J3590)
<input type="checkbox"/> Xbryk™ (denosumab-dssb) (Q5159)	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

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