

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Xgeva is indicated for the prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Up to two years. Doses will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 863 1511 1010"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0897</td> <td>Xgeva (denosumab)</td> <td>Billing unit: 1 mg 120 mg/1.7 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0897	Xgeva (denosumab)	Billing unit: 1 mg 120 mg/1.7 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025