FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Reclast® (zoledronic acid) Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

- ❑ Glucocorticoid-induced osteoporosis
- ❑ Paget's disease
- ❑ Prevention of postmenopausal osteoporosis
- ❑ Treatment of osteoporosis in postmenopausal women
- ❑ Treatment of osteoporosis in men
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____

For glucocorticoid-induced osteoporosis, answer the following:

Is the patient initiating or continuing on greater than or equal to 7.5 mg/day of oral prednisone (or equivalent) for at least 12 months? ❑ **Yes** ❑ **No**

Does the patient have history of failure, contraindication, or intolerance to one oral bisphosphonate [e.g., Fosamax (alendronate)]? ❑ **Yes** ❑ **No**

Is the patient able to tolerate oral medications? ❑ **Yes** ❑ **No**

For Paget's disease, answer the following:

Select if following applies to the patient to confirm a diagnosis of Paget's disease:

- ❑ Elevations in serum alkaline phosphatase of greater than or equal to 2 times the upper limit of the age-specific normal reference range provided by the physician's laboratory
- ❑ Patient is experiencing symptoms associated with Paget's disease (e.g., bone pain at pagetic site, radicular or arthritic pain caused by bone involvement that affects nerve roots or joints, neurological symptoms arising in the setting of active pagetic bone impacting on neural tissues)
- ❑ Patient is at risk for complications (e.g., patients with active Paget's disease at skeletal sites such as the skull, spine, weight-bearing long bones, and bones adjacent to major joints such as hip or knee)

Reauthorization:

Has the patient's serum alkaline phosphatase failed to normalize after the previous therapy? ❑ **Yes** ❑ **No**

Is the patient experiencing symptoms associated with Paget's disease? ❑ **Yes** ❑ **No**

For prevention of postmenopausal osteoporosis, answer the following:

Does the patient have a bone mineral density (BMD) scan indicative of osteopenia defined as a t-score between negative 1.0 to negative 2.5? ❑ **Yes** ❑ **No**

Does the patient have history of failure, contraindication, or intolerance to one oral bisphosphonate [e.g., Fosamax (alendronate)]? ❑ **Yes** ❑ **No**

Is the patient able to tolerate oral medications? ❑ **Yes** ❑ **No**

Reclast® (zoledronic acid) Prior Authorization Request Form (Page 2 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

For treatment osteoporosis in men and postmenopausal women, answer the following:

Does the patient have history of vertebral compression fractures, or fractures of the hip or distal radius from minimal trauma? ❑ **Yes** ❑ **No**

Does the patient have a bone mineral density (BMD) scan indicative of osteoporosis defined as a t-score less than or equal to negative 2.5 (2.5 standard deviations or greater below the mean for young adults)? ❑ **Yes** ❑ **No**

Does the patient have history of failure, contraindication, or intolerance to one oral bisphosphonate [e.g., Fosamax (alendronate)]? ❑ **Yes** ❑ **No**

Is the patient able to tolerate oral medications? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.