

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Reclast (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at **1-855-799-2554**.

When conditions are met, we will authorize the coverage of Reclast (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(circle drug)*

Reclast (zoledronic acid injection)

Other, specify drug _____

Quantity _____ Frequency _____ Strength _____

Route of administration _____ Expected length of therapy _____

Patient information

Patient name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient phone: _____

Prescribing physician

Physician name: _____

Specialty: _____ NPI number: _____

Physician fax: _____ Physician phone: _____

Physician address: _____ City, state, zip: _____

Diagnosis: _____ ICD Code: _____

Circle the appropriate answer for each question.

1. Is the request for continuation of therapy? Y N

[If no, skip to question 5.]

2. Is Reclast requested for the treatment of Paget's disease? Y N

[If no, skip to question 4.]

3. After a single treatment, has an extended remission period been observed? Y N

[No further questions.]

NOTE: During clinical trials, most patients showed a therapeutic response within 60 days of treatment, with maintenance of effect at 24 months. Specific retreatment data are not available. However, retreatment may be considered in patients who have relapsed, based on increases in serum alkaline phosphatase, or in those patients who failed to achieve normalization of their serum alkaline phosphatase, or in those patients with symptoms, as dictated by medical practice.

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| 4. Do patient's medical records demonstrate a stable BMD (within interventional goals) or an increasing BMD after a minimum trial of one year of therapy AND meet ALL of the following conditions? | Y | N |
|--|---|---|

-T-score test results may date back as far as five years.

-Depending on level of BMD progression retesting may be done from every one to five years.

-Medical records should demonstrate improvement by providing reference to the sequential progression or stability of the BMD.

[No further questions.]

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| 5. Is Reclast requested for the treatment of Paget's disease? | Y | N |
|---|---|---|

[If no, skip to question 7.]

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| 6. Have office notes documenting intolerance to oral bisphosphonates (eg. Actonel, aledronate) due to inability to take medications by mouth or severe upper GI disease (eg. erosive esophagitis, peptic ulcers with history of bleeding) been submitted? | Y | N |
|---|---|---|

[No further questions.]

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| 7. Does the patient have a documented diagnosis of osteoporosis AND a DXA hip (femoral neck) or spine T-score \leq -2.5 dated within the past year? (Must be confirmed in medical records.) | Y | N |
|---|---|---|

[If yes, no further questions.]

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| 8. Does the patient have a history of a fracture of the spine or hip? (Must be confirmed in medical records.) | Y | N |
|---|---|---|

[If yes, no further questions.]

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|---|---|---|
| 9. Is the FRAX (WHO fracture Risk Assessment Tool) major osteoporotic fracture probability equal to or greater than 20% or is the hip fracture probability equal to 3%? (Must be confirmed in medical records.) | Y | N |
|---|---|---|

[If no, no further questions.]

10. Does the patient have a history of T-score between -1.0 and -2.5?

Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date