

Prior Authorization

AETNA BETTER HEALTH ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Zoledronic Acid (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 Illinois at **1-844-242-0908**.

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

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

Drug Name *(please circle)*

Zoledronic acid

Other, Please specify: _____

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: _____

Please circle the appropriate answer for each question.

1. Is this a renewal request for a patient who has a previous authorization on file for zoledronic acid with this health plan? Y N

[If no, skip to question 8.]

2. Does the patient have a diagnosis of Paget's disease of bone? Y N

[If no, skip to question 4.]

3. Has the serum alkaline phosphatase level increased OR does the patient have symptoms related to active Y N

Paget's (i.e., pain at the site of the lesion)?

[No further questions]

4. Does the patient have osteoporosis? Y N

[If no, skip to question 7.]

5. Has the patient received zoledronic acid for 5 years or more? Y N

[If no, then no further questions.]

6. Has the patient's bone mineral density (BMD) worsened OR has the patient had a fracture while receiving zoledronic acid? Y N

[No further questions.]

7. Does the patient have a diagnosis of hypercalcemia (elevated calcium) from cancer? Y N

[No further questions.]

8. Is zoledronic acid requested for the treatment of osteoporosis in a man or a postmenopausal woman? Y N

[If no, skip to question 14.]

9. Does the patient have a low bone density less than 2.5 SD (standard deviations) below normal (T-score - 2.5 or less) OR does the patient have a fragility fracture at the hip, spine, wrist, arm, rib, or pelvis? Y N

If yes, submit records or document T-score and date:

[If no, then no further questions.]

10. Is the request for a male patient? Y N

[If no, skip to question 35.]

11. Does the patient have normal testosterone levels? Y N

Submit labs or document result and date:

12. Is the patient receiving testosterone replacement therapy? Y N

- [If yes, skip to question 35.]
13. Does the patient have a history of prostate cancer? Y N
- [If yes, skip to question 35.]
- [If no, then no further questions.]
14. Is the request for a patient with multiple myeloma? Y N
- [If yes, skip to question 36.]
15. Is the request for a patient with bone metastases from cancer? Y N
- [If no, skip to question 18.]
16. Does the patient have castration-resistant prostate cancer? Y N
- [If yes, skip to question 36.]
17. Does the patient have a solid tumor (i.e., non-myeloid cancer)? Y N
- [If no, then no further questions.]
- [If yes, skip to question 36.]
18. Does the patient have a diagnosis of Paget's disease of bone? Y N
- [If no, skip to question 22.]
19. Does the patient have a serum alkaline phosphatase level at least 2 time the upper limit of normal (ULN) OR symptoms related to active Paget's (i.e., pain at the site of the lesion)? Y N
- If yes, submit records or document ALP level and date: _____
- [If no, then no further questions.]
20. Does the patient have normal serum calcium, phosphorus, and 25-hydroxyvitamin D levels? Y N
- (Note: Abnormalities should be treated before starting zoledronic acid)

If yes, submit records or document lab results:

[If no, then no further questions.]

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| 21. Does the patient meet ONE of the following? A)
Failure of consecutive 2-month therapy with at least one formulary bisphosphonate (e.g. alendronate), or B) Contraindication or SEVERE intolerance to oral bisphosphonates (i.e., current upper GI symptoms, inability to swallow, or inability to remain in an upright position after oral bisphosphonate administration for the required length of time) | Y | N |
|--|---|---|

If yes, submit records or provide details here:

[No further questions.]

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|---|---|---|
| 22. Is zoledronic acid requested for the prevention of corticosteroid-induced osteoporosis? | Y | N |
|---|---|---|

[If no, skip to question 27.]

- | | | |
|---|---|---|
| 23. Is the request for a PREmenopausal woman or a man less than 50 years old? | Y | N |
|---|---|---|

[If no, then skip to question 25.]

- | | | |
|--|---|---|
| 24. Does the patient have a history of a fragility fracture? | Y | N |
|--|---|---|

[If yes, skip to question 26.]

[If no, then no further questions.]

- | | | |
|--|---|---|
| 25. Is the request for a postmenopausal woman or a man 50 years of age or older? | Y | N |
|--|---|---|

[If no, then no further questions.]

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|--|---|---|
| 26. Has the patient received, or is expected to receive, at least 7.5mg/day of prednisone (or equivalent) for at least 3 months? | Y | N |
|--|---|---|

[If no, then no further questions.]

[If yes, skip to question 35.]

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|--|---|---|
| 27. Is zoledronic acid requested for the prevention of | Y | N |
|--|---|---|

osteoporosis in a man with prostate cancer who is receiving androgen deprivation therapy?

[If yes, skip to question 29.]

28. Is zoledronic acid requested for the prevention of osteoporosis in a postmenopausal woman with osteopenia and a T-Score between -1.0 and -2.5? Y N

[If no, skip to question 30.]

If yes, submit records or document T-score and date:

29. Is the patient at high risk for osteoporotic fracture as evidenced by ANY of the following? A) FRAX risk score of at least 3% for hip fracture, B) FRAX risk score of at least 20% for any major osteoporotic fracture, or C) Has multiple risk factors for fracture (low BMI, previous fragility fracture, hip fracture in a parent, current smoker, alcohol intake of 3 or more units per day, or rheumatoid arthritis) Y N

If yes, submit records or document here:

[If no, then no further questions.]

[If yes, skip to question 35.]

30. Is zoledronic acid requested for the prevention of osteoporosis in a woman with breast cancer who is receiving an aromatase inhibitor? Y N

[If no, skip to question 33.]

31. Is the patient postmenopausal? Y N

[If yes, skip to question 35.]

32. Does the patient have a low bone density less than 2.5 SD (standard deviations) below normal (T-score - 2.5 or less) OR does the patient have a fragility fracture at the hip, spine, wrist, arm, rib, or pelvis? Y N

If yes, submit records or document T-score and date:

[If yes, skip to question 35.]

[If no, then no further questions.]

33. Does the patient have moderate to severe hypercalcemia from cancer? Y N

[If no, then no further questions.]

34. Is the patient also receiving saline hydration to increase urine output to about 2 liters per day? Y N

[No further questions.]

35. Does the patient meet ONE of the following? A) Decreased T-score after at least 2 years of compliant therapy with at least one formulary oral bisphosphonate (i.e., alendronate), B) New fracture while taking an oral bisphosphonate (i.e., alendronate), or C) Contraindication or SEVERE intolerance to oral bisphosphonates (i.e., current upper GI symptoms, inability to swallow, or inability to remain in an upright position after oral bisphosphonate administration for the required length of time) Y N

If yes, submit records or provide details here:

[If no, then no further questions.]

36. Does the patient have a 25-hydroxyvitamin D level above 20ng/mL?

Y N

(Note: Patients who are vitamin D deficient should have vitamin D replaced before starting treatment with zoledronic acid.)

If yes, submit labs or document result and date:

[No further questions.]

Comments:

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

Prescriber (Or Authorized) Signature

Date