



15 Earhart Drive, Suite 101, Amherst, NY 14221

RECLAST AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name, Today's Date, Date Needed, Date of birth, Sex, Weight, Prescriber, Specialty, Home Phone Number, Phone Number, Fax Number, Home Address, City, State, Zip, Address, City, State, Zip, Member's Insurance ID, Office Phone, Office Fax Number, Allergies, Office Contact

STATEMENT OF MEDICAL NECESSITY

New Authorization

Re-Authorization*

DRUG SELECTION: RECLAST

Dose: Frequency:

Primary Diagnosis:

ICD10 Code:

Prior Treatments:

Submission of Serum Ca+ level Date:

Submission of Serum creatinine level Date:

Patient has demonstrated one of the following:

- Tried and failed Alendronate therapy
Has an established esophageal diagnosis or inability to swallow Alendronate

-For female patients, check all that apply:

- Patient is postmenopausal
Patient has at least two mild or one moderate existing vertebral fractures and a BMD-T Score of less than or equal to -1.5
Patient has a BMD-T score of less than or equal to -2.5

OR

Reclast is being administered for the prevention of osteoporosis in a postmenopausal female patient.

-For male patients, check all that apply:

- Existing low-trauma fracture or prevalent vertebral deformity
Radiographic evidence of osteopenia
Presence of medical conditions (ie, Rheumatoid Arthritis) or concurrent use of medications known to increase the risk for bone loss and fracture (ie, Phenytoin, Heparin)

Femoral neck or lumbar spine BMD-T Score result:

Is patient diagnosed with moderate to severe Paget's disease of bone, defined as serum alkaline phosphatase level at least twice the upper limit of the age-specific normal reference range? Yes No

Is Reclast being administered for the prevention or treatment of glucocorticoid-induced osteoporosis? (expected to be on glucocorticoids for at least 12 months) Yes No

Has patient been instructed on use of Calcium and Vitamin D supplements? Yes No

Has patient been instructed on symptoms of Hypocalcemia? Yes No

For Re-Authorization:

Submission of BMD-T Score Date:

Submission of Serum Ca+ level Date:

Submission of Serum creatinine level Date:

Weight: Date: