



**Zoledronic Acid
5mg/100ml
(generic for Reclast)**

**Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. Yes No Does the patient have hypocalcemia?
2. Yes No Does the patient have either a creatinine clearance less than 35 mL/min or evidence of acute renal impairment?
3. Yes No Is the indication or diagnosis for any of the following: 1. Prevention/treatment of osteoporosis in postmenopausal women; 2. Treatment to increase bone mass in men with osteoporosis; OR 3. Treatment or Prevention of glucocorticoid-induced osteoporosis? *(If No, skip to question 5.)*
4. Yes No Does the patient have a documented history of one of the following: 1. The patient is at high risk for fractures (e.g., BMD T score below -2.5, steroids use) or has a history of an osteoporotic fracture; OR 2. The patient had a fracture and/or experienced a decrease in BMD T-score while on either alendronate, risedronate, or ibandronate; OR 3. The patient is not a candidate for oral bisphosphonates or intolerant to them?
5. Yes No Is the indication or diagnosis for the treatment of Paget's disease of bone?

6. Yes No Does the patient have any of the following: a serum alkaline phosphatase of two times or higher than the upper limit of the age-specific normal reference range, or is the patient symptomatic, or is the patient at risk for complications?
7. Yes No Is Zoledronic Acid being supplied by Retail, Home Infusion, Long Term Care or other pharmacies?
8. Yes No Is the medication supplied by a Physician's office?
 (Document how the medication is supplied): _____

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

 PHYSICIAN SIGNATURE

 DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>