

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (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 New Jersey at 1-855-296-0323.

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 (circle drug)

zoledronic acid

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. Has this plan authorized this medication in the past for this member (i.e., previous authorization is on file under this plan)? | Y | N |
| [If no, skip to question 10.] | Y | N |
| 2. Does the member have a diagnosis of Paget's disease of bone? | Y | N |
| [If no, skip to question 4.] | Y | N |
| 3. Has bone specific alkaline phosphatase level increased OR does the member have symptoms related to active Paget's? | Y | N |
| [No further questions] | Y | N |

4. Does the member have osteoporosis?	Y	N
[If no, skip to question 7.]	Y	N
5. Has the member received zoledronic acid for 5 years or more?	Y	N
[If no, then no further questions.]	Y	N
6. Has the member's bone mineral density (BMD) worsened OR has the member had a fracture while receiving zoledronic acid?	Y	N
[No further questions.]	Y	N
7. Does the member have a diagnosis of hypercalcemia (elevated calcium) from cancer?	Y	N
[If no, skip to question 9.]	Y	N
8. Is this request for treatment of a new occurrence?	Y	N
[No further questions.]	Y	N
9. Is there documentation to support that the member is benefiting from therapy (e.g. improved or stabilized BMD, no new fractures etc.)?	Y	N
[No further questions.]	Y	N
10. Is zoledronic acid requested for the treatment of osteoporosis in a man or a postmenopausal woman?	Y	N
[If no, skip to question 16.]	Y	N
11. Does the member have a low bone density less than 2.5 SD (standard deviations) below normal (T-score less than -2.5) OR does the member 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: _____	Y	N
[If no, then no further questions.]	Y	N
12. Is the request for a male member?	Y	N
[If no, skip to question 36.]	Y	N
13. Does the member have normal testosterone levels for the lab reference range?	Y	N
Submit labs or document result and date: _____	Y	N

[If yes, skip to question 36.]	Y	N
14. Is the member receiving testosterone replacement therapy?	Y	N
[If yes, skip to question 36.]	Y	N
15. Does the member have a history of prostate cancer?	Y	N
[If yes, skip to question 36.] [If no, then no further questions.]	Y	N
16. Is the request for a member with multiple myeloma?	Y	N
[If yes, then no further questions.]	Y	N
17. Is the request for a member with bone metastases from cancer?	Y	N
[If no, skip to question 20.]	Y	N
18. Does the member have castration-resistant prostate cancer?	Y	N
[If yes, then no further questions.]	Y	N
19. Does the member have a solid tumor (i.e., non-myeloid cancer)?	Y	N
[No further questions.]	Y	N
20. Does the member have a diagnosis of Paget's disease of bone?	Y	N
[If no, skip to question 23.]	Y	N
21. Does the member have bone specific alkaline phosphatase level greater than 2 times the upper limit of normal (ULN) OR symptoms related to active Paget's (i.e., pain at the site of the pagetic lesion)?	Y	N
If yes, submit records or document ALP level and date: _____	Y	N
[If no, then no further questions.]	Y	N
22. Does the member have normal serum calcium, phosphorus, and 25-hydroxyvitamin D levels (based on the reference range for the lab.)?	Y	N
(Note: Abnormalities should be treated before starting zoledronic acid)	Y	N
If yes, submit records or document lab results: _____	Y	N
[If yes, skip to question 36.] [If no, then no further questions.]	Y	N
23. Is zoledronic acid requested for the treatment or prevention of glucocorticoid-induced osteoporosis?	Y	N

[If no, skip to question 28.]	Y	N
24. Is the request for a PREmenopausal woman or a man less than 50 years old?	Y	N
[If no, then skip to question 26.]	Y	N
25. Does the member have a history of a fragility fracture?	Y	N
[If yes, skip to question 27.] [If no, then no further questions.]	Y	N
26. Is the request for a postmenopausal woman or a man 50 years of age or older?	Y	N
[If no, then no further questions.]	Y	N
27. Has the member received, or is expected to receive, over 7.5mg/day of prednisone (or equivalent) for greater than 3 months?	Y	N
[If no, then no further questions.] [If yes, skip to question 36.]	Y	N
28. Is zoledronic acid requested for the prevention of osteoporosis in a man with prostate cancer who is receiving androgen deprivation therapy?	Y	N
[If yes, skip to question 30.]	Y	N
29. 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 31.]	Y	N
If yes, submit records or document T-score and date: _____	Y	N
30. Is the member at high risk for osteoporotic fracture as evidenced by ANY of the following? A) FRAX risk score of greater than or equal to 3% for hip fracture, B) FRAX risk score of greater than or equal to 20% for any major osteoporotic fracture, or C) Has multiple risk factors for fracture (low BMI, previous fragility fracture, hip fracture in a parent, glucocorticoid treatment, current smoker, alcohol intake of 3 or more units per day, rheumatoid arthritis, or other secondary causes of osteoporosis)	Y	N
If yes, submit records or document here: _____	Y	N
[If no, then no further questions.] [If yes, skip to question 36.]	Y	N
31. 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 34.]	Y	N
32. Is the member postmenopausal?	Y	N
[If yes, skip to question 36.]	Y	N
33. Does the member have a low bone density less than 2.5 SD (standard deviations) below normal (T-score less than -2.5) OR does the member 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: _____	Y	N
[If yes, skip to question 36.] [If no, then no further questions.]	Y	N
34. Does the member have moderate to severe hypercalcemia from cancer?	Y	N
[If no, then no further questions.]	Y	N
35. Is the member also receiving saline hydration to increase urine output to about 2 liters per day?	Y	N
[No further questions.]	Y	N
36. Does the member meet ONE of the following? A) Reduction in bone mineral density (BMD) per recent DEXA scan after at least 2 years of compliant therapy with an oral or intravenous (IV) bisphosphonate, B) New fracture while taking an oral or IV bisphosphonate, or C) Contraindication or SEVERE intolerance to oral bisphosphonates (e.g., 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: _____	Y	N
[No further questions.]	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**