MRN:_____

DOB: _____

STANDARD zoledronic acid (generic for Reclast®) PLAN OF

NOTE: Patient *may be ineligible* to receive *zoledronic acid* if creatinine clearance is <35 ml/min. Injections may cause a decrease in serum calcium values. Treat hypocalcemia & vitamin D deficiency issues before starting *zoledronic acid* therapy. It is recommended that patients receive calcium & vitamin D supplementation if dietary intake is inadequate, treatment will not be administered if the serum calcium is sub-therapeutic.

1. Patient Name:_____ Height (inches):____ Weight (lbs):_____ **Allergies:**_____

2. Diagnosis: * **Please complete the 2nd and 3rd digits to complete the ICD-10 code for billing**

☐ M81.0 Age-related Osteoporosis without current fractures ☐ M81.8 Other osteoporosis without current fracture

☐ M88.___ Paget's disease ☐ M89.9 Disorder of bone, unspecified ☐ M94.9 Disorder of cartilage, unspecified

☐ Other ICD-10 code:_____ Diagnosis description:_____

Secondary DIAGNOSIS: ☐ Z92.241 History of systemic steroid therapy ☐ Z79.52 Long term (Current) use of systemic steroids

3. Other: **Is the patient on Calcium and Vitamin D replacement?** □ Yes □ No

BMP prior to treatment scheduling; Pharmacist will perform clinical lab monitoring. (Results within 30-60 days)

Drug: Zoledronic acid 5mg/100ml IV administration single dose (x1) over 30 minutes

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

4. Physician's Signature:_____/_____ Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials:_____ NPI: _____

Revised 5/21/19

MRN:_____

DOB: _____

Guidelines for Prescribing zoledronic acid (generic for Reclast®) PLAN OF TREATMENT

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:** _____

☐ Include signed and completed **Plan of Treatment**.

☐ Include patient demographic information and insurance information. (Copy of insurance cards if available)

☐ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results or bone scans to support diagnosis.**

- Indicated for: • Treatment & prevention of **postmenopausal women with osteoporosis** • Treatment to increase bone mass in **men with osteoporosis** • Treatment and prevention of **glucocorticoid-induced osteoporosis**: in men and women who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and who are expected to remain on glucocorticoids for at least 12 months (note in clinical documentation) • Treatment of **Paget's disease** in patients with elevations in serum alkaline phosphatase of two times or higher than the upper limit of the age-specific normal reference range, or those who are symptomatic, or those at risk for complications from their disease. It is strongly recommended patients with Paget's disease take 1500 mgs of calcium supplementation in divided doses, especially important for the two weeks after treatment.
- **Please include documentation regarding treatment history to include: Inadequate response or intolerance to oral bisphosphonates, presence or history of osteoporotic fractures, low bone mass (T-score more than 2.0 standard deviations below premenopausal mean; 2.5 for Medicare patients), and/or other risk factors.**

☐ If patient is switching bisphosphonate therapies, then MD must specify wash-out period prior to start of Zoledronic acid (Reclast®) as specified of_____weeks. Last known therapy:_____and last date received:_____.

Pre-Screening:

☐ BMP **results required within last 30-60 days**

** **Warnings/Precautions:** Products containing Same Active Ingredient as Zometa® & should not receive treatment if they have received a dose within the last 12 months • **Hypocalcemia:** can worsen, correct hypocalcemia prior to use. Adequately supplement patients with calcium and vitamin D • **Renal Impairment:** Renal toxicity may be greater in patients with underlying renal impairment or with other risk factors, including advanced age or dehydration. Monitor creatinine clearance before each dose. **Adverse events:** the most common adverse reactions (greater than 10%) were pyrexia, myalgia, headache, arthralgia, & pain in extremity. Other important adverse reactions were flu-like illness, nausea, vomiting, diarrhea, and eye inflammation • **Osteonecrosis of the jaw (ONJ):** has been reported, perform a routine oral examination prior to administration. Consider a dental examination with appropriate preventive dentistry prior to treatment with bisphosphonates in patients with a history of concomitant risk factors (e.g., cancer, chemotherapy, angiogenesis inhibitors, radiotherapy, corticosteroids, poor oral hygiene, pre-existing dental disease or infection, anemia, coagulopathy). • **Severe Bone, Joint, and/or Muscle Pain:** consider discontinuing use if symptoms occur. • **Atypical Femur Fractures:** have been reported. Patients with new thigh or groin pain should be evaluated to rule out a femoral fracture. **Limitations of Use:** Optimal duration of use has not been determined. For patients at low-risk for fracture, consider drug discontinuation after 3 to 5 years of use. •**Pregnancy:** Women of childbearing potential should be advised treatment can cause fetal harm. See full prescribing information

Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.