reliance|rx℠
45 Earhart Drive, Suite 110, Amherst, NY 14221

RECLAST AUTHORIZATION

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

Last Name First Name	Today's Date Date Needed
Parent/Guardian	Prescriber Hospital/Clinic
Home Phone Number ( ) Work Phone Number ( )	Phone Number ( ) Fax Number ( )
Home Address City State Zip	Address City State Zip
Ship To: ☐ Prescriber ☐ Patient's Home	Office Contact Prescriber Speciality
Language Preference ☐ English ☐ Spanish ☐ Other	
Known Allergies:	Contact Preference ☐ Phone ☐ Fax ☐ Email: _____
Weight _____ Lbs. Height ____ Ft ____ In Date of Birth ___ / ___ / ___ Sex ☐ M ☐ F	Special Instructions

INSURANCE INFORMATION

Fill out entirely or fax a copy of patient's insurance card (both sides):

Primary Insurance: _____
Name of Insured: _____
Policy #: _____
Group #: _____
Phone #: _____
Rx Drug Card #: _____

Secondary Insurance: _____
Name of Insured: _____
Policy #: _____
Group #: _____
Phone #: _____
Rx Drug Card #: _____

DRUG NAME: RECLAST

Dose: _____

Frequency: _____

☐Has patient tried and failed to respond to an oral bisphosphonate; or has a documented inability to swallow; or established esophageal diagnosis which prevents oral administration of a bisphosphonate? ☐Yes ☐No

☐Current serum calcium level is submitted.
Level: _____ Date: _____

☐Patient's current serum creatinine, height and current weight MUST be submitted (to determine creatinine clearance – Reclast is not recommended if CrCl<35ml/min)
Current Serum Creatinine: _____ Date: _____
Ht: _____ Wt: _____ Date: _____

☐Has patient been advised of the importance of adequate calcium and vitamin D supplementation? ☐Yes ☐No

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____

ICD9 Code: _____

Medical History: _____

Submit femoral neck BMD T-score result (female patients).

Submit femoral neck or lumbar spine BMD T-score result (male patients).

For female patients, check all that apply:
- ☐Patient is postmenopausal
- ☐Patient has at least two mild existing vertebral fractures
- ☐Patient has at least one moderate existing vertebral fracture

For male patients, check all that apply:
- ☐Age over 70 years
- ☐Existing low-trauma fracture or prevalent vertebral deformity
- ☐Radiographic evidence of osteopenia
- ☐Presence of medical conditions (hypogonadism, rheumatoid arthritis) or concurrent use of medications known to increase the risk for bone loss and fracture (phenytoin, heparin, glucocorticoid use)

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? ☐Yes ☐No

How long is patient expected to be on glucocorticoids? _____