Zometa, zoledronic acid

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720**. If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518.** For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: ______________________________ **Date**: ________________________________
Patient's ID: ________________________________ **Patient's Date of Birth:** ________________
Physician's Name: ____
Specialty: __________________________________ **NPI#:** ________________________________
Physician Office Telephone: __________________ **Physician Office Fax:** ___________________

Referring Provider Info: ❑ **Same as Requesting Provider**
Name: ____ **NPI#:** ______________________________
Fax: _________________________ **Phone:** ______________________

Rendering Provider Info: ❑ **Same as Referring Provider** ❑ **Same as Requesting Provider**
Name: ____ **NPI#:** ______________________________
Fax: _________________________ **Phone:** ______________________

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: __________________________*kg*

*Patient Height:*___________________________*cm*

Please indicate the place of service for the requested drug:

❑ *Ambulatory Surgical* ❑ *Home* ❑ *Off Campus Outpatient Hospital*
❑ *On Campus Outpatient Hospital* ❑ *Office* ❑ *Pharmacy*

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Zometa, zolendronic acid SGM – 04/2021.

Criteria Questions:

1. What is the prescribed drug?
   - ❑ Zometa
   - ❑ zoledronic acid 4mg (generic)
   - ❑ Other ______________________

2. What is the diagnosis?
   - ❑ Hypercalcemia of malignancy
   - ❑ Multiple myeloma
   - ❑ Bone metastases from solid tumors
   - ❑ Prostate cancer
   - ❑ Breast cancer
   - ❑ Systemic mastocytosis
   - ❑ Other ____

3. What is the ICD-10 code? _______________

4. Is the request for continuation of therapy with the requested medication?
   ❑ Yes ❑ No *If No, skip to diagnosis section*

5. Is the patient experiencing a benefit from therapy with the requested medication as evidenced by disease stability or disease improvement? ❑ Yes ❑ No *No further questions*

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Prostate Cancer

6. Is requested medication prescribed for the treatment or prevention of osteoporosis during androgen-deprivation therapy (ADT) for a patient with a diagnosis of prostate cancer? ❑ Yes ❑ No

Section B: Breast Cancer

7. Is requested medication prescribed for a postmenopausal patient (natural or induced by ovarian suppression) who is receiving adjuvant therapy for the treatment of breast cancer? ❑ Yes ❑ No

8. Is the requested medication prescribed to maintain or improve bone mineral density and reduce the risk of fractures?
   ❑ Yes ❑ No

Section C: Systemic Mastocytosis

9. Is the requested medication prescribed for the treatment of osteopenia or osteoporosis in a patient with systemic mastocytosis? ❑ Yes ❑ No

Section D: Multiple Myeloma, Bone Metastases Requested Medication Prescribed to Maintain or Improve Bone Mineral Density and Reduce the Risk of Fractures from Solid Tumors

10. Is the requested medication being used to prevent skeletal-related events? ❑ Yes ❑ No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X____

Prescriber or Authorized Signature **Date (mm/dd/yy)**

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