Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	Х	Х	Х	Х	Х	Х	NA

Reclast (zoledronic acid)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit			
Reclast (zoledronic acid)	100 mL (5mg) once per year			

APPROVAL CRITERIA

Requests for Reclast (zoledronic acid)may be approved for any of the following conditions:

- I. 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; **OR**
- II. Osteoporosis, treatment to increase bone mass in men; OR
- III. Osteoporosis, treatment and prevention in postmenopausal women; OR
- IV. Paget's disease of bone in men and women- treatment indicated 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.

Requests for zoledronic acid (Reclast) may not be approved when the above criteria are not met and for all other indications.

State Specific Mandates					
State name	Date effective	Mandate details (including specific bill if applicable)			
N/A	N/A	N/A			

Key References:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply. CRX-ALL-0460-19

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	Х	Х	Х	Х	Х	Х	NA

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