Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

RECLAST® (zoledronic acid)

GPI CODING:

30042090002020

DESCRIPTION:

Reclast is an intravenously-administered bisphosphonate that is indicated for the treatment and prevention of osteoporosis. Reclast is also indicated for the treatment of Paget's disease.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR RECLAST

I. Patient meets all of the following criteria:
   i. The patient does not have uncorrected pre-existing hypocalcaemia and disturbances of mineral metabolism (examples might be: hypoparathyroidism, thyroid surgery, parathyroid surgery, malabsorption syndromes, or excision of small intestine)
   ii. The patient's vitamin D status has been evaluated and corrected prior to initiation of Reclast therapy AND patient will be receiving adequate intake of supplemental calcium and vitamin D
   iii. The patient does not have severe renal impairment (CrCl < 35 mL/min)
   iv. The patient's serum creatinine will be measured prior to each dosage administration of Reclast

AND

II. The patient has a diagnosis of one of the following:
   i. Paget's disease
   ii. Prevention of new clinical fractures in patients who are at high risk of fracture (i.e., patients with a recent low-trauma hip fracture)
   iii. Treatment or prevention of glucocorticoid-induced osteoporosis in patients who are expected to remain on glucocorticoids for at least 12 months
   iv. Treatment of osteoporosis
   v. Prevention of osteoporosis in a postmenopausal woman

AND

III. Patient meets one of the following criteria:
   i. The patient tried and is intolerant to at least 2 oral bisphosphonates (e.g., Actonel, Fosamax)
   ii. The patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder
   iii. The patient has a history of severe malabsorption making the use of oral bisphosphonates ineffective
   iv. The patient is unable to stand or sit upright for 60 minutes