

**RECLAST  
(zoledronic acid)**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

### **Diagnoses**

Patient must have **ONE** of the following:

1. Osteoporosis
2. Prevention of osteoporosis
3. Paget's disease

**AND** the following for **ALL** diagnoses:

- a. Patient **MUST** have tried the preferred product (generic Reclast: zoledronic acid) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

Same as above

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Same as above