



Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

RECLAST MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ Patient's weight in pounds _____

■ Diagnosis

- M80.o _____ Age-related osteoporosis w/ fx at _____
- M81.0 Age-related osteoporosis w/o fx
- M81.8 Other osteoporosis w/o fx
- _____

Note: M80.o _____ requires the complete ICD-10 code, with 3 digits and a letter after the decimal. Some insurance carriers may not accept all such codes.

■ Details Needed for Approval *Please answer all questions and provide supporting documentation.*

- If female, does the patient have a BMD T-score ≤ -2.5 ? _____ Osteopenia with T-score between -1 and -2.5? _____
- Has the patient had a low-trauma spine or hip fracture? _____
- Has patient failed a trial on, or is intolerant to, bisphosphonate and/or other osteoporosis therapy? _____
- Is the patient considered at high risk of fracture? _____ Please provide all supporting documentation.
- Please provide the patient's most recent calcium levels. (Most insurers want results from the past 4 weeks.)
- Is patient planning to concomitantly take parathyroid hormone analogs, RANK ligand inhibitors, or bisphosphonates?

- Will the patient be taking a daily supplement of at least 1000mg calcium and at least 400 IU vitamin D? _____

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home:

- Acetaminophen _____ mg
- Diphenhydramine _____ mg
- Cetirizine 10mg

IV medications to be administered prior to start of the infusion treatment (for infusions only, not for injections):

- Diphenhydramine _____ mg
- Methylprednisolone _____ mg
- _____

■ Medication Order

- Reclast (zoledronic acid) 5mg in 100ml normal saline IV infusion over 30 minutes. One treatment, no refills.

■ Rescue Management in Case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

■ Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.