OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Pamidronate disodium Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Hypercalcemia of malignancy
❑ Osteolytic or metastatic bone lesions
❑ Paget's disease
❑ Postmenopausal osteoporosis
❑ Other diagnosis: ____ ICD-10 Code(s): ______________________________________

For hypercalcemia of malignancy, answer the following:

Does the patient have moderate to severe hypercalcemia as confirmed by corrected total serum calcium greater than or equal to 12 mg/dL (6 mEq/L)? ❑ **Yes** ❑ **No**

Reauthorization:

Has the patient's corrected total serum calcium concentration failed to normalize or remain normal after the initial treatment? ❑ **Yes** ❑ **No**

For osteolytic or metastatic bone lesions, answer the following:

Does the patient have breast cancer with one or more predominately lytic, metastatic bone lesion? ❑ **Yes** ❑ **No**
Does the patient have active (symptomatic) multiple myeloma? ❑ **Yes** ❑ **No**
Is the patient's serum creatinine level below 3.0 mg/dL? ❑ **Yes** ❑ **No**

For Paget's disease, answer the following:

Select if the patient has one of the following to confirm a diagnosis of Paget's disease:

- ❑ Elevations in serum alkaline phosphatase of greater than or equal to 3 times the upper limit of the age-specific normal reference range provided by the physician's laboratory
- ❑ Patient is experiencing symptoms associated with Paget's disease (e.g., bone pain at pagetic site, radicular or arthritic pain caused by bone involvement that affects nerve roots or joints, neurological symptoms arising in the setting of active pagetic bone impacting on neural tissues)
- ❑ Patient is at risk for complications (e.g., patients with active Paget's disease at skeletal sites such as the skull, spine, weight-bearing long bones, and bones adjacent to major joints such as hip or knee)

Does the patient have history of failure, contraindication, or intolerance to Fosamax (alendronate)? ❑ **Yes** ❑ **No**

Reauthorization:

Has the patient's serum alkaline phosphatase failed to normalize after the previous therapy? ❑ **Yes** ❑ **No**
Is the patient experiencing symptoms associated with Paget's disease? ❑ **Yes** ❑ **No**

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Pamidronate disodium Prior Authorization Request Form (Page 2 of 2)

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For postmenopausal osteoporosis, answer the following:

Does the patient have history of vertebral compression fractures, or fractures of the hip or distal radius from minimal trauma? ❑ **Yes** ❑ **No**

Does the patient have a bone mineral density (BMD) scan indicative of osteoporosis defined as a t-score less than or equal to negative 2.5 (2.5 standard deviations or greater below the mean for young adults)? ❑ **Yes** ❑ **No**

Does the patient have history of failure, contraindication, or intolerance to one oral bisphosphonate [e.g., Fosamax (alendronate)]? ❑ **Yes** ❑ **No**

Is the patient unable to tolerate oral medications? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

____

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Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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