

Medical Coverage Policy | Intravenous Bisphosphonates to Treat Osteoporosis



POLICY LAST UPDATED: 05/21/2013

OVERVIEW

This policy addresses the coverage of intravenous bisphosphonates (Reclast, Boniva) for the treatment of osteoporosis.

PRIOR AUTHORIZATION

Preauthorization is required for BlueCHiP for Medicare and recommended for commercial products.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products:

Intravenous administration of ibandronate sodium or zoledronic acid for osteoporosis are medically necessary when one criteria has been met.

Note: The FDA has approved the use of zoledronic acid for the treatment of Paget's disease and hypercalcemia associated with some cancers. This policy does not address those treatments; however zoledronic acid is covered for treatment of Paget's disease and hypercalcemia.

Specialty Pharmacy:

For contracts with specialty drug coverage, please refer to the member agreement for benefits and preauthorization guidelines.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial products:

Intravenous bisphosphonate treatment is considered medically necessary for patients with osteoporosis who have a documented contraindication or intolerance to oral bisphosphonates based on the following criteria:

- Patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder; **OR**
- Patient has a history of severe malabsorption making use of oral bisphosphonates ineffective; **OR**
- Patient has an inability to stand or sit upright for 60 minutes; **OR**
- Patient has tried and is intolerant to two (2) or more oral bisphosphonates.

The clinician requesting medical review should document in the record the specific reasons why oral therapy is medically contraindicated.

Note: Gastroesophageal reflux (GERD) and dyspepsia diagnoses in the absence of the above criteria are not considered a contraindication to oral bisphosphonates.

BACKGROUND

The World Health Organization (WHO) has defined osteoporosis on the basis of bone mineral density (BMD) measurements to help identify individuals at risk. The bone density Dual X-ray Absorptiometry (DXA) test is one that measures the bone mineral density and compares it to an established norm or standard resulting in a score. The results are compared to the ideal or peak bone mineral density of a healthy 30-year-old adult called a T-score. A T-score is the number of standard deviations (SD) the BMD measurement is above or below the young adult mean bone mineral density.

A T-score between +1 and -1 is considered normal or healthy. A T-score between -1 and -2.5 indicates that you have low bone mass (osteopenia), although not low enough to be diagnosed with osteoporosis. A T-score of -2.5 or lower indicates that you have osteoporosis. The greater the negative number, the more severe the osteoporosis.

Bisphosphonate drugs (i.e., zoledronic acid [Reclast™], ibandronate sodium [Boniva]) act to inhibit osteoclast-mediated bone resorption and are used to treat post-menopausal osteoporosis by increasing bone mass. These medications may be administered orally (daily, weekly, or monthly) or by intravenous injection. In addition to its use in the treatment of post-menopausal osteoporosis, zoledronic acid is used in the treatment of Paget's disease and hypercalcemia associated with some cancers, however this policy only addresses the treatment of osteoporosis and Paget's disease.

COVERAGE

Benefits may vary between groups/contract. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable infusion benefit/coverage and prescription drug benefit/coverage.

CODING

The following codes are medically necessary and prior authorization is required/recommended for BlueCHiP for Medicare and Commercial Products.

J1740 Injection, ibandronate sodium (Boniva), 1 mg

J3488 Injection, Zoledronic acid (Reclast), 1 mg

The following codes are covered for BlueCHiP for Medicare and commercial products for Paget's disease and hypercalcemia associated with some cancers and prior authorization is not required.

J3487 Injection, Zoledronic acid (Zometa), 1 mg

The following code is covered but not separately reimbursed, providers should file with the appropriate code for zoledronic acid for BlueCHiP for Medicare and commercial products.

Q2051 Injection, Zoledronic Acid, Not Otherwise Specified, 1mg (Eff. 7/1/13)

RELATED POLICIES

None

PUBLISHED

Provider Update Aug 2013

Provider Update Jun 2012

Provider Update Jul 2011

Provider Update Jul 2010

Provider Update May 2009

Provider Update Apr 2008

Provider Update Dec 2007

Provider Update Jul 2007

Provider Update July 2006

REFERENCES

Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Bisphosphonate Drug Therapy (L30139)

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

