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.
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 Pagets disease and hypercalcemia associated with some cancers, however this policy only addresses the treatment of osteoporosis and Pagets 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)