Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

BONIVA IV (ibandronate sodium)

GPI CODING:

300420481020**

DESCRIPTION:

Boniva Injection is an intravenously-administered bisphosphonate that is indicated for the treatment of postmenopausal osteoporosis.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR BONIVA IV

I. Patient is a woman with a diagnosis of postmenopausal osteoporosis **AND**
II. Patient does not have uncorrected hypocalcemia **AND**
III. Patient's vitamin D status has been evaluated and corrected **AND**
IV. Patient will receive adequate intake of supplemental calcium and vitamin D **AND**
V. Patient does not have severe renal impairment (eg, CrCl <30 mL/min or SCr >2.3 mg/dL) **AND**
VI. Patient will have serum creatinine measured prior to each dose **AND**
VII. Patient is intolerant of at least 2 oral bisphosphonates (e.g., Actonel, Fosamax, or Boniva tablets) **OR**
VIII. Patient has a history of severe malabsorption making the use of oral bisphosphonates ineffective **OR**
IX. Patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder **OR**
X. The patient is unable to stand or sit upright for 60 minutes