# Medical Coverage Policy | Intravenous Bisphosphonate for the Treatment of Osteoporosis

**EFFECTIVE DATE:** 03|04|2008
**POLICY LAST UPDATED:** 05|21|2013

## OVERVIEW

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.

## PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products.

## POLICY STATEMENT

**BlueCHiP for Medicare and Commercial**

Intravenous administration of ibandronate sodium or zoledronic acid for osteoporosis or osteopenia are medically necessary when the member meets at least one of the criteria listed below.

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.

## MEDICAL CRITERIA

**BlueCHiP for Medicare and Commercial**

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:

1. Patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder; **OR**
2. Patient has a history of severe malabsorption making use of oral bisphosphonates ineffective; **OR**
3. Patient has an inability to stand or sit upright for 60 minutes; **OR**
4. 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.

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.

These bisphosphonate 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.

**Specialty Pharmacy:**
For contracts with specialty drug coverage, please refer to the member agreement for benefits and preauthorizations guidelines.

## CODING

**BlueCHiP for Medicare and Commercial**
The following codes are medically necessary and require/recommend preauthorization for all BCBSRI products:

| | |
|---|---|
| **J1740** | |
| **J3488** | Deleted Effective 1/1/14 |
| **J3489** | Added Effective 1/1/14 |

The following codes are covered for all BCBSRI products for Paget's disease and hypercalcemia associated with some cancers and does not require preauthorization:

| | |
|---|---|
| **J3487** | |

The following code is covered but not separately reimbursed, providers should file with the appropriate code for zoledronic acid for all BCBSRI products.

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|---|---|
| **Q2051** | Deleted Effective 1/1/14 |

## RELATED POLICIES

Denosumab.

## 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 |
| Policy Update | Dec 2007 |
| Policy Update | Jul 2007 |
| Policy Update | Jul 2006 |

## REFERENCES

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