

Ibandronate Injection
Effective 08/12/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

Treatment/prevention of Osteoporosis

1. Indication of treatment or prevention of osteoporosis
2. **ONE** of the following:
 - a. Inadequate response to an adequate trial or adverse reaction to **ONE** oral bisphosphonate
 - b. Contraindication to **ALL** oral bisphosphonates
 - c. Member is at very high risk for fracture indicated by at least **ONE** of the following:
 - i. History of fracture within the last 12 months
 - ii. History of fractures while on osteoporosis therapy
 - iii. History of multiple fractures
 - iv. History of fractures while on drugs causing skeletal harm (e.g., long-term glucocorticoids)
 - v. T-score less than -3.0
 - vi. High risk for falls
 - vii. History of injurious falls
 - viii. Very high fracture probability by FRAX® (fracture risk assessment tool) or other validated fracture risk algorithm

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 1 year

References

1. Rosen HN. Pharmacology of bisphosphonates. In: Post TW (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2024 [cited 2024 Feb 14]. Available from: <http://www.uptodate.com/utd/index.do>.
2. Bone Health and Osteoporosis Foundation (BHOFF). Clinician's guide to prevention and treatment of osteoporosis [guideline on the Internet]. Washington (DC): National Osteoporosis Foundation; 2022 [cited 2023 Dec 27]. Available from: <https://www.bonesource.org/clinical-guidelines>.
3. Camacho PM, Petak SM, Binkley N, Diab DL, Eldeiry LS, Farooki A, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis-2020 update. *Endocr Pract*. Vol 26 (Suppl 1) May 2020.
4. Management of osteoporosis in postmenopausal women: the 2021 position statement of The North American Menopause Society. *Menopause*. 2021 Sep 1;28(9):973-997.
5. Rosen HN. Bisphosphonate therapy for the treatment of osteoporosis. In: Post TW (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Dec 29]. Available from: <http://www.uptodate.com/utd/index.do>.
6. Finkelstein JS, Yu EW. Treatment of Osteoporosis in Men. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Dec 29]. Available from: <http://www.uptodate.com/utd/index.do>.
7. Rosen HN, Saag KG. Prevention and Treatment of Glucocorticoid-induced Osteoporosis. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Dec 29]. Available from: <http://www.uptodate.com/utd/index.do>.
8. Rosen HN, Drezner MK. Overview of the Management of Low Bone Mass and Osteoporosis in Postmenopausal Women. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Dec 29]. Available from: <http://www.uptodate.com/utd/index.do>.
9. Smith MR. Side effects of androgen deprivation therapy. In: Post TW (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2024 Feb 14]. Available from: <http://www.uptodate.com/utd/index.do>
16. Eastell R. Evaluation and management of aromatase inhibitor-induced bone loss. In: Post TW (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2024 Feb 14]. Available from: <http://www.uptodate.com/utd/index.do>

Review History

7/10/24 – Reviewed and updated for P&T. Separated criteria from pharmacy benefit and made product to be available through medical benefit only. No changes made to criteria. Effective 8/12/24

