Mass General Brigham
Health Plan

Osteoporosis and Bone Metabolism Agents
Ibandronate Injection
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Ibandronate sodium injection is a bisphosphonate indicated for the treatment and prevention of osteoporosis in postmenopausal women, as it increases bone mineral density (BMD) and reduces the incidence of vertebral fractures.

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of 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

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4. 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.
5. Management of osteoporosis in postmenopausal women: the 2021 position statement of The North American Menopause Society. Menopause. 2021 Sep 1;28(9):973-997.
6. Rosen HN. Bisphosphonate therapy for the treatment of osteoporosis. In: Post TW (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2024 [cited 2025 Jan 7]. Available from: http://www.utdol.com/utd/index.do.
7. Finkelstein JS, Yu EW. Treatment of Osteoporosis in Men. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2024 [cited 2025 Jan 7]. Available from: http://www.utdol.com/utd/index.do.
8. Rosen HN, Saag KG. Prevention and Treatment of Glucocorticoid-induced Osteoporosis. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2024 [cited 2025 Jan 7]. Available from: http://www.utdol.com/utd/index.do.
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10. 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.utdol.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.utdol.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 8/12/2406/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references. Effective 7/1/25
11/4/26 – Reviewed and updated for P&T. Updated formatting and references. Effective 01/04/27