Geisinger

# POLICIES AND PROCEDURE MANUAL

**Policy: MBP 42.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Boniva (ibandronate sodium) Intravenous**

**Applicable line of business:**

| | | | |
|---|---|---|---|
| Commercial | X | Medicaid | |
| Medicare | X | ACA | X |
| CHIP | X | | |

**I. Policy:**
Boniva (ibandronate sodium) Intravenous

**II. Purpose/Objective:**
To provide a policy of coverage regarding Intravenous Boniva (ibandronate sodium)

**III. Responsibility:**
A. Medical Directors
B. Medical Management
C. Pharmacy Department

**IV. Required Definitions**
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

**DESCRIPTION:**
Boniva (ibandronate sodium) is a nitrogen-containing bisphosphonate that inhibits osteoclast-mediated bone resorption.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Intravenous Boniva (ibandronate sodium) will be considered medically necessary for the commercial, exchange, and CHIP lines of business when all of the following criteria are met:

1. Treatment and prevention of osteoporosis in postmenopausal women:
   - Intolerance to oral bisphosphonates **OR**
   - Inability to remain in an upright position for a minimum of 30-60 minutes after ingestion **OR**
   - Disruption of the alimentary tract due to any of the following reasons, and to a degree which precludes the use of oral bisphosphonates:
     - Obstructing stricture or neoplasm of the esophagus, stomach or intestine;
     - Short bowel syndrome secondary to extensive small bowel resection;
     - Motility disorder;
     - Malabsorption secondary to enterovesical, enterocutaneous or enterocolic fistulas;
     - Prolonged paralytic ileus following surgery or injury

   **AND**
   - Failure on, intolerance to or contraindication to zoledronic acid – (applies to insured individuals naïve to previous IV Boniva therapy)

   **AND**
   - If a brand drug is being requested when a therapeutically equivalent generic drug exists:
     - Medical record documentation of a therapeutic failure on, or intolerance to the generic formulary agent(s)

     **OR**
     - Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to the inactive ingredients of the generic formulary agent(s)

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Intravenous Boniva (ibandronate sodium) will be considered medically necessary for the Medicare line of business when all of the following criteria are met:

- Medical record documentation of use for the treatment and prevention of osteoporosis in postmenopausal women.

**LINE OF BUSINESS:**
**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

**REFERENCES:**
1. Boniva Injection [prescribing information]. South San Francisco, CA: Genentech USA Inc; January 2022.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 4/12/06

**Revised:** 4/25/23 (added generic drug language, Medicaid business segment, LOB carve out), 12/31/23 (references added), 3/24/25 (LOB table, taglines, removed Medicaid business segment)

**Reviewed:** 5/08, 02/10, 2/12, 2/14, 01/20/2015, 3/31/16, 1/31/17, 10/31/17, 9/28/18, 9/27/19, 9/26/20, 8/27/21, 8/27/22, 4/11/24

**MA UM Committee approval:** 12/31/23, 12/31/24