

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To define coverage criteria for Boniva® (ibandronate) injection AND Reclast® (zoledronic acid) injection.

STATEMENT OF THE POLICY

Boniva® and Reclast® injections are covered for new starts only if the following criteria are met.

PROCEDURES

1. Boniva IV & Reclast

- Prescribed for only FDA approved indications, AND
- In patients in whom oral bisphosphonates are contraindicated or not tolerated despite being taken as directed AND
- Coverage for B or D decisions based on our Local CMS Coverage Determination Criteria