

Policy Name:	Bisphosphonate, Oral Step-Edit	Policy #:	1839P
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Purpose of the Policy

The purpose of this policy is to define step edit criteria for the coverage of oral bisphosphonates.

Statement of the Policy

Risedronate and Binosto oral (alendronate effervescent) will be covered for new starts to therapy if the following criteria are met.

Criteria

1. Step Edit Criteria

- 1.1 If you have a paid claim at the pharmacy for alendronate (generic Fosamax) or ibandronate (generic Boniva), your request will be covered
- 1.2 Provider can submit medical chart documentation of previous trial and failure, intolerance, or contraindication of alendronate or ibandronate.

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Crandall CJ, Newberry SJ, Diamant A, et al. Comparative effectiveness of pharmacologic treatments to prevent fractures: an updated systematic review. *Ann Intern Med.* 2014;161(10):711.
2. Cummings SR, Cosman F, Lewiecki EM, et al. Goal-Directed Treatment for Osteoporosis: A Progress Report From the ASBMR-NOF Working Group on Goal-Directed Treatment for Osteoporosis. *J Bone Miner Res.* 2017;32(1):3. Epub 2016 Dec 27.
3. Eastell R, Rosen CJ, Black DM, Cheung AM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society* Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2019;104(5):1595.
4. Kittleson MM, Maurer MS, Ambardekar AV, et al. Management of osteoporosis in postmenopausal women: the 2021 position statement of The North American Menopause Society. *Menopause.* 2021 Sep 1;28(9):973-997.
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Created Date: 01/19/12
Effective Date: 01/19/12
Posted to Website: 01/01/22
Revision Date: 06/05/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.