

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

- 1. The criterion for automatic coverage of Boniva (ibandronate) IV is as follows:**
 - Must have a documented prior claim history of a generic oral bisphosphonate in the 3 months prior to filling the requested IV bisphosphonate agent
- 2. For members without a documented claim history of a generic oral bisphosphonate, a medical necessity review is completed, and the following criteria must be met:**
 - Must have chart documentation which shows the member has tried and failed a generic oral bisphosphonate unless contraindicated or intolerant.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to <time frame> or duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
Ibandronate IV	1 vial per 90 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Boniva [Package Insert]. Genetech USA, Inc.; South San Francisco, CA: January 2010.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY



Boniva (ibandronate) intravenous

POLICY NUMBER: RX.PA.142.E

REVISION DATE: 12/15

PAGE NUMBER: 3 of 3

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

