Department:	Pharmacy Management	**Original Approval:**	12/24/2015
Policy #:	PM121	**Last Approval:**	05/09/2019
Title:	Zoledronic acid (Reclast®)		
Approved By:	UM Pharmacy Subcommittee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

Documentation required to determine medical necessity for Zoledronic acid (Reclast): History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service: -Diagnosis -Labs/diagnostics -Medication list (current and past) to include start and end dates of all osteoporosis therapies -Age -Height -Weight -Renal function (eCrCl) -Dosing and duration requested.

BACKGROUND

Zoldedronic acid (Reclast) is a bisphosphonate given intravenously.[1] Zoledronic acid injection (Reclast) is indicated for the treatment of osteoporosis in postmenopausal women; for the prevention of postmenopausal osteoporosis (PMO) in women; the treatment of Paget's disease of bone in men and women; for the treatment to increase bone mass in men with osteoporosis; and for the treatment and prevention of glucocorticoid-induced osteoporosis (GIO) in patients expected to be on systemic glucocorticoids (daily dosage equivalent to ≥ 7.5 mg of prednisone) for at least 12 months.[1] In PMO, zoledronic acid injection (Reclast) reduces the incidence of fractures (hip, vertebral and non-vertebral osteoporosis-related fractures). Also, for patients at high risk of fracture, defined as a recent low-trauma hip fracture, zoledronic acid injection (Reclast) reduces the incidence of new clinical fractures.[1] Another zoledronic acid injection product, Zometa®, is indicated for hypercalcemia of malignancy; and for multiple myeloma and bone metastases from solid tumors.[2]

Policy Statement

Prior authorization is recommended for medical benefit coverage of zoledronate acid (Reclast). Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by an Express Scripts clinician (i.e., Medical Director or Pharmacist).

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	***Continue to criteria for approval below.***
Medicare Members	***Step-utilization of Part D drugs not required.***

FDA-Approved Indications

1. **Osteoporosis Treatment for a Postmenopausal Patient.** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** The patient meets ONE of the following conditions (i, ii, or iii):
     - **i.** The patient has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist); OR
     - **ii.** The patient has had an osteoporotic fracture or a fragility fracture; OR
     - **iii.** The patient has low bone mass (T-score [current or at any time in the past] between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% [one third] radius [wrist]) and the physician determines that the patient is at high risk for fracture; AND
   - **B)** The patient meets ONE of the following (i, ii, iii or iv):
     - **i.** The patient has tried one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):
       - **a)** The patient has had an inadequate response to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescribing physician (e.g., ongoing and significant loss of bone mineral density [BMD], lack of BMD increase); OR
       - **b)** The patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy; OR
       - **c)** The patient has experienced intolerability to an oral bisphosphonate (e.g., severe gastrointestinal [GI]-related adverse effects); OR
     - **ii.** The patient cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):
       - **a)** The patient cannot swallow or has difficulty swallowing; OR
       - **b)** The patient cannot remain in an upright position post oral bisphosphonate administration; OR
       - **c)** The patient has a pre-existing GI medical condition in which IV bisphosphonate therapy may be warranted (e.g., patient with esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying [stricture, achalasia]); OR
     - **iii.** The patient has tried ibandronate injection (Boniva IV) or zoledronic acid injection (Reclast); OR
     - **iv.** The patient has had an osteoporotic fracture or a fragility fracture.

   Dosing. Approve one 5 mg infusion given IV once every year.

2. **Osteoporosis Treatment for Men***. Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** The patient meets ONE of the following conditions (i, ii, or iii):
     - **i.** The patient has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist); OR

ii. The patient has had an osteoporotic fracture or a fragility fracture; OR

iii. The patient has low bone mass (T-score [current or at any time in the past] between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% [one-third] radius [wrist]) and the physician determines that the patient is at high risk of fracture; AND

B) The patient meets ONE of the following (i, ii, iii, or iv):

i. The patient has tried one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):

a) The patient has had an inadequate response to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescribing physician (e.g., ongoing and significant loss of BMD, lack of BMD increase); OR

b) The patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy; OR

c) The patient has experienced intolerability to an oral bisphosphonate (e.g., severe GI-related adverse effects); OR

ii. The patient cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):

a) The patient cannot swallow or has difficulty swallowing; OR

b) The patient cannot remain in an upright position post oral bisphosphonate administration; OR

c) The patient has a pre-existing GI medical condition in which IV bisphosphonate therapy may be warranted (e.g., patient with esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying [stricture, achalasia]); OR

iii. The patient has tried zoledronic acid injection (Reclast); OR

iv. The patient has had an osteoporotic fracture or a fragility fracture.

* Refer to the Policy Statement.

Dosing. Approve one 5 mg infusion given IV once every year.

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3. Glucocorticoid-Induced Osteoporosis (GIO) Prevention and Treatment. Approve for 1 year if the patient meets the following criteria (A and B):

A) The patient is either initiating or continuing systemic glucocorticoids (e.g., prednisone); AND

B) The patient meets ONE of the following (i, ii, iii, or iv):

i. The patient has tried one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):

a) The patient has had an inadequate response to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescribing physician (e.g., ongoing and significant loss of BMD, lack of BMD increase); OR

b) The patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy; OR

c) The patient has experienced intolerability to an oral bisphosphonate (e.g., severe GI-related adverse effects); OR

ii. The patient cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):

a) The patient cannot swallow or has difficulty swallowing; OR
b) The patient cannot remain in an upright position post-oral bisphosphonate administration; OR
c) The patient has a pre-existing GI medical condition in which IV bisphosphonate therapy may be warranted (e.g., patient with esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying [stricture, achalasia]); OR

iii. The patient has tried zoledronic acid injection (Reclast); OR
iv. The patient has had an osteoporotic fracture or a fragility fracture.

Dosing. Approve one 5 mg infusion given IV once every year.

4. **Paget's Disease of Bone.** Approve for one dose if the patient meets one of the following criteria (A, B or C):
A) The patient has elevations in serum alkaline phosphatase of two times higher than the upper limit of the age-specific normal reference range, OR
B) The patient is symptomatic (e.g., bone pain, hearing loss, osteoarthritis), OR
C) The patient is at risk for complications from their disease (e.g., immobilization, bone deformity, fractures, nerve compression syndromes).

Dosing. Approve one 5 mg IV infusion.

5. **Osteoporosis Prevention in a Postmenopausal Patient.** Approve for 1 year if the patient meets the following criteria (A, B and C):
A) The patient meets ONE of the following conditions (i or ii):
i. The patient has had a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist); OR
ii. The patient has had an osteoporotic fracture or a fragility fracture; AND
B) The patient meets ONE of the following (i, ii, iii, or iv):
i. The patient has tried one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):
a) The patient has had an inadequate response to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescribing physician (e.g., ongoing and significant loss of BMD, lack of BMD increase); OR
b) The patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy; OR
c) The patient has experienced intolerability to an oral bisphosphonate (e.g., severe GI-related adverse effects); OR

ii. The patient cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):
a) The patient cannot swallow or has difficulty swallowing; OR
b) The patient cannot remain in an upright position post oral bisphosphonate administration; OR

c) The patient has a pre-existing GI medical condition in which IV bisphosphonate therapy may be warranted (e.g., patient with esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying [stricture, achalasia]); OR

iii. The patient has tried zoledronic acid injection (Reclast); OR

iv. The patient has had an osteoporotic fracture or a fragility fracture.

C) If the patient has received Reclast previously, at least 24 months has elapsed since the last dose.

Dosing. Approve one 5 mg infusion given IV once every 2 years.

Other Uses with Supportive Evidence

6. **Osteogenesis Imperfecta.** Approve for 1 year.

   Although not indicated, zoledronic acid injection (Reclast) has been used in patients, mainly children, with osteogenesis imperfecta and benefits were noted, such as increases in bone mineral density.[3-7]

   Dosing. Dosing information is limited. Approve up to 0.05 mg per kg IV given no more frequently than once every 3 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Zoledronic acid injection (Reclast) has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Concurrent Use of Zoledronic Acid Injection (Reclast) with Other Medications for Osteoporosis** (e.g., other bisphosphonates [previously listed], Prolia® [denosumab injection for subcutaneous use], Forteo® [teriparatide injection for SC use], Tymlos® [abaloparatide injection for SC use], calcitonin nasal spray), except calcium and Vitamin D.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

References	1. Reclast® injection for intravenous infusion [prescribing information]. East Hanover, NJ: Novartis; July 2017. 2. Zometa® injection for intravenous infusion[prescribing information]. East Hanover, NJ: Novartis; December 2018. 3. Biggin A, Munns CF. Long-term bisphosphonate therapy in osteogenesis imperfect. *Curr Osteoporos Rep*. 2017;15(5):412-418. 4. Barros ER, Saraiva GL, de Oliveira P, Lazaretti-Castro M. Safety and efficacy of a 1-year treatment with zoledronic acid compared with pamidronate in children with osteogenesis imperfecta. *J Pediatr Endocr Met*. 2012;25(5-6):485-491. 5. Panigrahi I, Das RR, Sharda S, et al. Response to zoledronic acid in children with type III osteogenesis imperfecta. *J Bone Miner Metab*. 2010;28:451-455. 6. Brown JJ, Zacharin MR. Safety and efficacy of intravenous zoledronic acid in paediatric osteoporosis. *J Pediatr Endocrinol Metab*. 2009;22(1):55-63. 7. Dwan K, Phillipi CA, Steiner RD, Basel D. Bisphosphonate therapy for osteogenesis imperfecta. *Cochrane Database Syst Rev*. 2016;10:CD005088.	
CFR		
WAC	WAC 284-43-2050	
RCW		
Contract Citation	☐ WAH	
	☐ IMC	
	☐ MA	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
12/23/2015	New	Kelly Force; Yusuf Rashid, RPh
12/24/2105	Approval	MMLT
01/11/2017	No revisions	Fran McGaugh
01/12/2017	Approval	MMLT
07/24/2017	Criteria completely updated and revised	Michael Sporck, Pharmacy Intern Sophia Yun, PharmD
07/25/2017	Approved	MMLT
03/28/2018	Changed from UM313 to PM121	Cindy Bush
04/23/2018	Transferred to new template	Cindy Bush
06/11/2018	Revised	Jennifer Farley, PharmD
06/14/2018	Approval	UM Committee
04/10/2019	Annual review-minor revisions	Jennifer Farley, PharmD
05/09/2019	Approval	UM Pharmacy Subcommittee