



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Zoledronic Acid Page: 1 of 6

Effective Date: 3/13/2025 Last Review Date: 1/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for zoledronic acid under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications: zoledronic acid 5mg

- A. Treatment and prevention of osteoporosis in postmenopausal women
- B. Treatment to increase bone mass in men with osteoporosis
- C. Treatment and prevention of glucocorticoid-induced osteoporosis in patients expected to be on glucocorticoids for at least 12 months
- D. Treatment of Paget's disease of bone in men and women

Limitations of Use: Optimal duration of use has not been determined. For patients of low-risk for fracture, consider drug discontinuation after 3 to 5 years of use.

All other indications are considered experimental/investigational and not medically necessary.

A. FDA-Approved Indications: zoledronic acid 4mg

- 1. Zoledronic acid 4mg is indicated for the treatment of hypercalcemia of malignancy defined as an albumin-corrected calcium (cCa) of greater than or equal to 12 mg/dL [3.0 mmol/L] using the formula: $cCa \text{ in mg/dL} = Ca \text{ in mg/dL} + 0.8 (4.0 \text{ g/dL} - \text{patient albumin [g/dL]})$.
- 2. Zoledronic acid 4mg is indicated for the treatment of patients with multiple myeloma and patients with documented bone metastases from solid tumors, in conjunction with standard antineoplastic therapy. Prostate cancer should have progressed after treatment with at least one hormonal therapy.

Limitations of Use: The safety and efficacy of zoledronic acid 4mg in the treatment of hypercalcemia associated with hyperparathyroidism or with other non-tumor-related conditions have not been established.



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B. Compendial Uses: zoledronic acid 4mg

1. Treatment or prevention of osteoporosis during androgen-deprivation therapy (ADT) in prostate cancer patients with high fracture risk
2. Treatment in postmenopausal patients with breast cancer who are receiving adjuvant therapy to maintain or improve bone mineral density and reduce risk of fractures
3. Treatment in postmenopausal patients with breast cancer who are receiving adjuvant therapy to reduce the risk of distant metastases
4. Treatment for osteopenia or osteoporosis in patients with systemic mastocytosis
5. Langerhans cell histiocytosis with bone disease

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Zoledronic acid

Policy/Guideline:

Documentation – zoledronic acid 5mg:

Submission of the following information is necessary to initiate the prior authorization review: Supporting chart notes or medical record indicating a history of fractures, T-score, and FRAX fracture probability as applicable to criteria for initial approval.

Criteria for Initial Approval – zoledronic acid 5mg:

A. Postmenopausal osteoporosis, treatment and prevention

Authorization of 12 months may be granted to postmenopausal members for treatment or prevention of osteoporosis when ANY of the following criteria are met:

1. Member has a history of fragility fractures
2. Member has a pre-treatment T-score less than or equal to -2.5
3. Member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1)

B. Osteoporosis in men

Authorization of 12 months may be granted to male members with osteoporosis when ANY of the following criteria are met:

1. Member has a history of an osteoporotic vertebral or hip fracture



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- Member has a pre-treatment T-score less than or equal to -2.5
- Member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (see Appendix)

C. Glucocorticoid-induced osteoporosis

Authorization of 12 months may be granted for members with glucocorticoid-induced osteoporosis when BOTH of the following criteria are met:

- Member is currently receiving or will be initiating glucocorticoid therapy at an equivalent prednisone dose of greater than or equal to 2.5 mg/day for at least 3 months
- Member meets ANY of the following criteria:
 - Member has a history of a fragility fracture
 - Member has a pre-treatment T-score of less than or equal to -2.5
 - Member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (see Appendix)

D. Paget's disease of bone

Authorization of 1 month (one dose [5 mg]) may be granted for treatment of Paget's disease of bone.

Criteria for Initial Approval – zoledronic acid 4mg:

A. Hypercalcemia of malignancy

Authorization of 2 months may be granted for treatment of hypercalcemia of malignancy.

B. Multiple myeloma

Authorization of 12 months may be granted for treatment or prevention of skeletal-related events in members with multiple myeloma.

C. Bone metastases from a solid tumor

Authorization of 12 months may be granted for treatment or prevention of skeletal-related events in members with bone metastases from a solid tumor (e.g., breast cancer, non-small cell lung cancer, thyroid carcinoma, kidney cancer, prostate cancer).

D. Prostate cancer

Authorization of 12 months may be granted for members with prostate cancer for treatment or prevention of osteoporosis during androgen deprivation therapy (ADT).

E. Breast cancer



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Authorization of 12 months may be granted for postmenopausal (natural or induced by ovarian suppression) members receiving adjuvant therapy for treatment of breast cancer when either of the following criteria is met:

1. The requested medication will be used to maintain or improve bone mineral density and reduce the risk of fractures
2. The requested medication will be used for risk reduction of distant metastasis in high-risk node negative or node positive tumors

F. Systemic mastocytosis

Authorization of 12 months may be granted for treatment of osteopenia or osteoporosis in members with systemic mastocytosis.

G. Langerhans cell histiocytosis

Authorization of 12 months may be granted for treatment of Langerhans cell histiocytosis with bone disease.

Continuation of Therapy – zoledronic acid 5mg:

A. Paget’s disease of bone

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

B. All other indications

Authorization of 12 months may be granted for all members (including new members) who are currently receiving the requested medication through a previously authorized pharmacy or medical benefit, who meet either of the following:

1. Member has received less than 24 months of therapy and has not experienced clinically significant adverse events during therapy
2. Member has received 24 months of therapy or more and meets both of the following:
 - i. Member has experienced clinical benefit (i.e., improvement or stabilization in T-score since the previous bone mass measurement)
 - ii. Member has not experienced any adverse effects

Continuation of Therapy – zoledronic acid 4mg:

A. Hypercalcemia of malignancy



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Authorization of 2 months may be granted for continued treatment in members requesting reauthorization for hypercalcemia of malignancy who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

B. All other indications

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in criteria for initial approval who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

Appendix – zoledronic acid 5mg:

FRAX Fracture Risk Assessment Tool

- High FRAX fracture probability: 10-year major osteoporosis-related fracture risk \geq 20% or hip fracture risk \geq 3%
- 10-year probability; calculation tool available at: <https://www.sheffield.ac.uk/FRAX/>
- The estimated risk score generated with FRAX should be multiplied by 1.15 for major osteoporotic fracture (including fractures of the spine [clinical], hip, wrist, or humerus) and 1.2 for hip fracture if glucocorticoid treatment is greater than 7.5 mg (prednisone equivalent) per day.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval:

- Zoledronic acid 5mg:
 - Paget's Disease of Bone: 1 month
 - All other indications: 12 months
- Zoledronic acid 4mg:
 - Hypercalcemia of Malignancy: 2 months
 - All other indications: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

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7. Singer FR, Bone HG, Hosking DJ, et al. Paget's disease of bone: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2014;99(12):4408-22.
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