AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Reclast (zoledronic acid) Zometa (zoledronic acid) zoledronic Acid	Page:	1 of 6
Effective Date:	4/30/2024	Last Review Date:	4/2024
Applies to:	☒Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☒Virginia	☒Florida Kids ☐Michigan ☒ Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Reclast, Zometa and 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: Reclast

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: Zometa
   1. Zometa/zoledronic acid 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 in mg/dL= Ca in mg/dL + 0.8 (4.0 g/dL - patient albumin [g/dL]).
   2. Zometa/zoledronic acid 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 Zometa/zoledronic acid in the treatment of hypercalcemia associated with hyperparathyroidism or with other non-tumor-related conditions have not been established.

B. Compendial Uses: Zometa
   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:

Reclast
Zometa
zoledronic Acid

Policy/Guideline:

Documentation – Reclast:
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 – Reclast:

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
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) 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:

1. 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
2. Member meets ANY of the following criteria:
   i. Member has a history of a fragility fracture
   ii. Member has a pre-treatment T-score of less than or equal to -2.5
   iii. 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 – Zometa:

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

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 – Reclast:

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 – Zometa:

A. Hypercalcemia of malignancy

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 – Reclast:

FRAX Fracture Risk Assessment Tool

- High FRAX fracture probability: 10-year major osteoporosis-related fracture risk ≥ 20% or hip fracture risk ≥ 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:

- Reclast, Zoledronic Acid:
  - Paget's Disease of Bone: 1 month
  - All other indications: 12 months
- Zometa, Zoledronic Acid:
  - Hypercalcemia of Malignancy: 2 months
  - All other indications: 12 months

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

References:

1. Reclast [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2020.
2. Zoledronic acid injection [package insert]. Princeton, NJ: Fosun Pharma USA Inc.; June 2023.
3. LeBoff MS, Greenspan SL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. *Osteoporos Int*. 2022;33(10):2049-2102.
4. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis – 2020 update. *Endocr Pract*. 2020;26(Suppl 1):1-46.
5. Watts NB, Adler RA, Bilezikian JP, et al. Osteoporosis in men: an Endocrine Society clinical practice guideline. *J Clin Endocr Metab*. 2012;97(6):1802-1822.
6. Fink HA, Gordon G, Buckley L, et al. 2017 American College of Rheumatology guideline for the prevention and treatment of glucocorticoid-induced osteoporosis. *Arthritis Care Res*. 2017;69:1521-1537.
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.
8. FRAX® Fracture Risk Assessment Tool. © Centre for Metabolic Bone Diseases, University of Sheffield, UK. Available at: https://www.shef.ac.uk/FRAX. Accessed October 12, 2023.
9. Zometa [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2018.
10. Zoledronic acid [package insert]. Lake Zurich, IL: Fresenius Kabi; March 2023.
11. The NCCN Drugs & Biologics Compendium 2023 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed October 12, 2023.