

Zoledronic acid (Zometa[®], Reclast[®]) (Intravenous)

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I. Length of Authorization

Zometa:

Coverage is provided for 12 months and may be renewed

Reclast:

- Prevention of osteoporosis in post-menopausal women: Coverage is provided for 24 months and may be renewed
- All other indications: Coverage is provided for 12 months and may be renewed

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

Zometa

Indication	Quantity Limit
Hypercalcemia of malignancy	4 mg bottle/vial per 7 days
Multiple myeloma & bone metastases from solid tumors	4 mg bottle/vial every 21 days
Prevention of bone loss in breast cancer	4 mg bottle/vial every 168 days (6 months)

Prevention of bone loss in prostate cancer & Prevention or treatment of osteoporosis in prostate cancer	4 mg bottle/vial every 84 days (3 months)
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Reclast

Indication	Quantity Limit
Prevention of osteoporosis in post-menopausal women	5 mg solution every 730 days (24 months)
All other indications	5 mg solution every 365 days (12 months)

B. Max Units (per dose and over time) [Medical Benefit]:

Zometa

Indication	Max Units
Hypercalcemia of malignancy	4 billable units per 7 days
Multiple myeloma & bone metastases from solid tumors	4 billable units every 21 days
Prevention of bone loss in breast cancer	4 billable units every 168 days (6 months)
Prevention of bone loss in prostate cancer & Prevention or treatment of osteoporosis in prostate cancer	4 billable units every 84 days (3 months)

Reclast

Indication	Max Units
Prevention of osteoporosis in post-menopausal women	5 billable units every 730 days (24 months)
All other indications	5 billable units every 365 days (12 months)

III. Initial Approval Criteria

Zometa

Coverage is provided in the following conditions:

Hypercalcemia of malignancy †

Multiple myeloma †

Bone metastases from solid tumors †

Prevention of skeletal related events in men with castration-recurrent prostate cancer ‡

Prevention of bone loss associated with aromatase inhibitor therapy in post-menopausal women with breast cancer ‡

Prevention of bone loss associated with androgen deprivation therapy in men with prostate cancer ‡

Reclast

Coverage is provided in the following conditions:

Treatment and prevention of postmenopausal osteoporosis †

- Patient experienced severe intolerance, ineffective response±, or has contraindications* to oral bisphosphonate therapy

Treatment to increase bone mass in men with osteoporosis †

- Patient experienced severe intolerance, ineffective response±, or has contraindications* to oral bisphosphonate therapy

Treatment and prevention of glucocorticoids-induced osteoporosis †

- Patient experienced severe intolerance, ineffective response±, or has contraindications* to oral bisphosphonate therapy

Treatment of Paget's disease of bone in men and women †

- Serum alkaline phosphatase is two times or higher than the upper limit of the age-specific reference range; **OR**
- Patient is symptomatic; **OR**
- Patient is at risk for complications from their disease

Prevention or treatment of osteoporosis in men with prostate cancer during androgen deprivation therapy ‡

± Ineffective response is defined as one or more of the following:

- Decrease in T-score in comparison with baseline T-score from DXA scan
- Patient has a new fracture while on bisphosphonate therapy

* Examples of contraindications to oral bisphosphonate therapy include the following:

- Documented inability to sit or stand upright for at least 30 minutes
- Documented pre-existing gastrointestinal disorder such as inability to swallow, Barrett's esophagus, esophageal stricture, dysmotility, or achalasia

† FDA Approved Indication(s)

‡ Compendia recommended indication(s)

IV. Renewal Criteria

Coverage can be renewed based on the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**

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- Disease response; **AND**
- Absence of unacceptable toxicity from the drug.

V. Dosage/Administration

Drug	Indication	Dose
Zometa	Hypercalcemia of malignancy	4 mg IV x 1 dose, may be repeated after 7 days if serum calcium does not return to normal
	Prevention of aromatase inhibitor-induced bone loss in breast cancer	4 mg IV every 6 months
	Prevention of androgen deprivation-induced bone loss in prostate cancer	4 mg IV every 3 months
	All other indications	4 mg IV every 3 to 4 weeks
Reclast	Active Paget's Disease	5 mg IV x 1 dose
	Prevention of osteoporosis in post-menopausal women	5 mg IV every 2 years
	Prevention of glucocorticoid-induced osteoporosis	5 mg IV every year
	Treatment of osteoporosis	5 mg IV every year
	Prevention of androgen deprivation-induced bone loss in prostate cancer	5 mg IV every year

VI. Billing Code/Availability Information

Jcode:

- J3489 - Injection, zoledronic acid, 1 mg

NDC:

- Zometa 4 mg/100 mL single-use bottle: 00078-0590-XX
- Zometa 4 mg/5 mL single-use vial concentrate: 00078-0387-XX
- Reclast 5 mg/100 mL solution for injection: 00078-0435-XX

*Generics available

VII. References

1. Zometa [package insert]. Stein, Switzerland; Novartis Pharmaceuticals; March 2016. Accessed December 2016.
2. Reclast [package insert]. East Hanover, NJ; Novartis Pharmaceuticals; April 2016. Accessed December 2016.

3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Zoledronic Acid. National Comprehensive Cancer Network, 2016. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed December 2016.
4. Bhoopalam, N. et al. Intravenous zoledronic acid to prevent osteoporosis in a veteran population with multiple risk factors for bone loss on androgen deprivation therapy. *J Urol*. 2009 Nov;182(5):2257-64. Epub 2009 Sep 16.
5. Bundred, N.J. et al. Effective inhibition of aromatase inhibitor-associated bone loss by zoledronic acid in postmenopausal women with early breast cancer receiving adjuvant letrozole: ZO-FAST Study results. *Cancer*. 2008 Mar 1;112(5):1001-10.
6. Brufsky A, Harker WG, Beck JT, et al, “Zoledronic Acid Inhibits Adjuvant Letrozole-Induced Bone Loss in Postmenopausal Women With Early Breast Cancer,” *J Clin Oncol* 2007, 25(7):829-36.
7. Himelstein AL, Qin R, Novotny PJ, et al. “CALBG 70604 (Alliance): A randomized phase III study of standard dosing vs longer interval dosing of zoledronic acid in metastatic cancer. *J Clin Oncol* 33, 2015 (suppl; abstr 9501).
8. WHO Scientific Group on the Prevention and Management of Osteoporosis. Prevention and management of osteoporosis: report of a WHO scientific group. (WHO technical report series; 921). Geneva, Switzerland: WHO; 2000.
9. Kanis JA on behalf of the World Health Organization Scientific Group (2007). Assessment of osteoporosis at the primary health care level. Technical Report. World Health Organization Collaborating Center for Metabolic Bone Diseases. University of Sheffield, UK; 2007.
10. National Osteoporosis Foundation. Clinician’s Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2014.
11. 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 - 2016. *Endocr Pract*. 2016 Sep 2; 22(Suppl 4):1-42.
12. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD) for Bisphosphonate Drug Therapy (L34648). Centers for Medicare & Medicaid Services. Updated on 11/22/2016 with effective date 12/1/2016. Accessed December 2016.
13. First Coast Service Options, Inc. Local Coverage Determination (LCD) for Bisphosphonates (Intravenous [IV]) and Monoclonal Antibodies in the Treatment of Osteoporosis and Their Other Indications (L33270). Centers for Medicare & Medicaid Services, Inc. Updated on 10/18/2016 with effective date 10/14/2016. Accessed December 2016.

14. Cahaba Government Benefit Administrators, LLC. Local Coverage Determination (LCD) for Drugs and Biologicals: Zoledronic Acid (L34260). Centers for Medicare & Medicaid Services, Inc. Updated on 6/9/2016 with effective date 10/1/2015. Accessed December 2016.
15. National Government Services, Inc. Local Coverage Article for ZOLEDRONIC Acid (e.g., Zometa®, Reclast®) – Related to LCD L33394 (A52455). Centers for Medicare & Medicaid Services. Updated on 10/16/2015 with effective date 10/1/2015. Accessed December 2016.

Appendix 1 – Covered Diagnosis Codes

Zometa

ICD-10	ICD-10 Description
C00-C14	Malignant neoplasms of lip, oral cavity and pharynx
C15-C26	Malignant neoplasms of digestive organs
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs
C40-C41	Malignant neoplasms of bone and articular cartilage
C43-C44	Melanoma and other malignant neoplasms of skin
C45-C49	Malignant neoplasms of mesothelial and soft tissue
C50-C50	Malignant neoplasms of breast
C51-C58	Malignant neoplasms of female genital organs
C60-C63	Malignant neoplasms of male genital organs
C64-C68	Malignant neoplasms of urinary tract
C69-C72	Malignant neoplasms of eye, brain and other parts of central nervous system
C73-C75	Malignant neoplasms of thyroid and other endocrine glands
C7A-C7A	Malignant neuroendocrine tumors
C7B-C7B	Secondary neuroendocrine tumors
C76-C80	Malignant neoplasms of ill-defined, other secondary and unspecified sites
C81	Hodgkin lymphoma
C82	Follicular lymphoma
C83	Non-follicular lymphoma
C84	Mature T/NK-cell lymphomas
C85	Other specified and unspecified types of non-Hodgkin lymphoma
C86	Other specified types of T/NK-cell lymphoma
C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas
C90.00	Multiple myeloma not having reached remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having reached remission
C90.12	Plasma cell leukemia in relapse

ICD-10	ICD-10 Description
C90.20	Extramedullary plasmacytoma not having reached remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having reached remission
C90.32	Solitary plasmacytoma in relapse
C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00-D09	In situ neoplasms
D10-D36	Benign neoplasms, except benign neuroendocrine tumors
D3A-D3A	Benign neuroendocrine tumors
D37	Neoplasm of uncertain behavior of oral cavity and digestive organs
D38	Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs
D39	Neoplasm of uncertain behavior of female genital organs
D40	Neoplasm of uncertain behavior of male genital organs
D41	Neoplasm of uncertain behavior of urinary organs
D42	Neoplasm of uncertain behavior of meninges
D43	Neoplasm of uncertain behavior of brain and central nervous system
D44	Neoplasm of uncertain behavior of endocrine glands
D48	Neoplasm of uncertain behavior of other and unspecified sites
D49-D49	Neoplasms of unspecified behavior
E83.52	Hypercalcemia
M80.80XA- M80.88XS	Other osteoporosis with current pathological fracture
M81.6	Localized osteoporosis
M81.8	Other osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.859	Other specified disorders of bone density and structure, unspecified thigh
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
Z85	Personal history of malignant neoplasm

Dual coding requirements:

Prevention of bone loss in prostate cancer/ Prevention or treatment of osteoporosis in prostate cancer:

- Primary code: M89.9 or M94.9 plus Z85.46

Prevention of aromatase inhibitor induced bone loss in breast cancer:

- Primary code: M89.9 or M94.9 plus: Z85.3

Reclast

ICD-10	ICD-10 Description
C61	Malignant neoplasm of prostate
M80.00XA- M80.08XS	Age-related osteoporosis with current pathological fracture
M80.80XA- M80.88XS	Other osteoporosis with current pathological fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis
M81.8	Other osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.859	Other specified disorders of bone density and structure, unspecified thigh
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M88.0	Osteitis deformans of skull
M88.1	Osteitis deformans of vertebrae
M88.811	Osteitis deformans of right shoulder
M88.812	Osteitis deformans of left shoulder
M88.819	Osteitis deformans of unspecified shoulder
M88.821	Osteitis deformans of right upper arm
M88.822	Osteitis deformans of left upper arm
M88.829	Osteitis deformans of unspecified upper arm
M88.831	Osteitis deformans of right forearm
M88.832	Osteitis deformans of left forearm
M88.839	Osteitis deformans of unspecified forearm
M88.841	Osteitis deformans of right hand
M88.842	Osteitis deformans of left hand
M88.849	Osteitis deformans of unspecified hand
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.859	Osteitis deformans of unspecified thigh
M88.861	Osteitis deformans of right lower leg
M88.862	Osteitis deformans of left lower leg
M88.869	Osteitis deformans of unspecified leg

ICD-10	ICD-10 Description
M88.871	Osteitis deformans of right ankle
M88.872	Osteitis deformans of left ankle
M88.879	Osteitis deformans of unspecified ankle
M88.88	Osteitis deformans of other bone
M88.89	Osteitis deformans of multiple sites
M88.9	Osteitis deformans of unspecified bone
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
Z85.46	Personal history of malignant neoplasm of prostate

Dual coding requirement for prevention of bone loss in prostate cancer/ Prevention or treatment of osteoporosis in prostate cancer:

- Primary code: M89.9 or M94.9 plus Z85.46

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Zometa & Reclast

Jurisdiction(s): 5, 8	NCD/LCD Document (s): L34648
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L34648&bc=gAAAAAAAAAAAAAA==	
Jurisdiction(s): N	NCD/LCD Document (s): L33270
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33270&bc=gAAAAAAAAAAAAAA==	
Jurisdiction(s): J	NCD/LCD Document (s): L34260
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L34260&bc=gAAAAAAAAAAAAAA==	
Jurisdiction(s): 6, K	NCD/LCD Document (s): A52455
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52455&bc=gAAAAAAAAAAAAAA==	

ZOLEDRONIC ACID (Zometa®, Reclast®) Prior Auth Criteria

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Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corporation (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corporation (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Cahaba Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC