

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Boniva is a bisphosphonate indicated for the treatment of osteoporosis in postmenopausal women.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Other Criteria	Must follow LCD L34648: bisphosphonate Drug Therapy. LCD - Bisphosphonate Drug Therapy (L34648)						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Up to two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 961 1511 1108"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J1740</td> <td>Boniva IV (ibandronate sodium)</td> <td>Billing unit: 1 mg 3 mg/3 mL SD syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J1740	Boniva IV (ibandronate sodium)	Billing unit: 1 mg 3 mg/3 mL SD syringe
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025