



Prior Authorization Approval Criteria

Boniva (ibandronate)

Generic name:	Ibandronate
Brand name:	Boniva
Medication class:	Bisphosphonate
FDA-approved uses:	Prevention and treatment of postmenopausal osteoporosis
Available dosage forms:	2.5 mg and 150 mg oral tablets, 3 mg/3 ml single-use syringe
Usual dose:	2.5 mg PO once daily or 150 mg PO once monthly or 3 mg IV every 3 months
Duration of therapy:	Indefinite
Approximate monthly cost: (based on AWP 2007)	2.5 mg tab = \$96.29; 150 mg tab = \$96.29; 3 mg/ml IV = \$168.23

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Postmenopausal women who require treatment or prevention of osteoporosis.
- Failed/intolerant to Fosamax.
- Failed/intolerant to Actonel.

Contraindications:

- Known hypersensitivity to Boniva or to any of its ingredients.
- Uncorrected hypocalcemia
- Inability to stand or sit for at least 60 minutes (tablets only)

Not approved if:

- Does not meet the above stated criteria
- Has any contraindications to the use of Boniva

Step therapy requirements:

- Fosamax and Actonel

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 11/12/04
First revision: 12/7/07