**Boniva** is a bisphosphonate that inhibits osteoclast-mediated bone resorption, reducing bone turnover, thus leading to an average net gain in bone mass.

**Pre-Authorization Criteria:** Prevention or treatment of osteoporosis in postmenopausal women when unable to tolerate or failed treatment with alendronate or risendronate.

Off-Label Uses: hypercalcemia of malignancy; treatment to reduce bone pain and skeletal complications from metastatic bone disease due to breast cancer. (See VCHCP policy on Coverage of Prescription Medication for Off-Label Use.)

**Dosing:** One 150mg tablet taken once monthly on the same date each month

**Precautions:** gastrointestinal irritation; hypocalcemia; musculoskeletal pain; post dental extraction osteonecrosis; occult atypical fractures of the femur

**Note:** 1) All patients on bisphosphonate therapy should have the need for continued therapy re-evaluated on a periodic basis. Patients at low-risk for fracture should be considered for drug discontinuation after 3 to 5 years of use. Patients who discontinue therapy should have their risk for fracture re-evaluated periodically. 2) Treat hypocalcemia and other disturbances of bone and mineral metabolism before starting BONIVA therapy. Instruct patients to take supplemental calcium and vitamin D if their dietary intake is inadequate. 3) Any patient with a history of bisphosphonate exposure who presents with thigh or groin pain should be suspected of having an atypical fracture and should be evaluated to rule out an incomplete femur fracture.
**DRUG INTERACTIONS:** increased risk and/or severity of gastrointestinal irritation with concomitant use of aspirin/NSAIDS or other medications which may cause GI upset; calcium, magnesium or iron supplements interfere with absorption of Boniva (take with an interval of 1-2 hours);

**REFERENCES**


### Revision History:

Date Reviewed/No Updates: 01.13.15 by C. Sanders, MD  
Date Approved by P&T Committee: 01.27.15  
Date Reviewed/Updated: 02.05.15 by C. Sanders, MD; R. Sterling, MD  
Date Approved by P&T Committee: 01.26.16  
Date Reviewed/No Updates: 01.24.17 by C. Sanders, MD; R. Sterling, MD  
Date Approved by P&T Committee: 01.24.17

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<td>Catherine Sanders, MD; Robert Sterling, MD</td>
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