CVS Caremark®

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| Reference number(s) |
| 5749-A |

# Specialty Guideline Management Strontium Chloride Sr-89-Metastron

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Strontium Chloride Sr-89 | metastron |

## Indications

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

Indicated for the relief of bone pain in patients with painful skeletal metastases.

All other indications are considered experimental/investigational and not medically necessary.

## Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Documentation of the presence of bone metastases

## Coverage Criteria

### Malignant Bone Pain

Authorization of 12 months may be granted for the relief of bone pain when all of the following criteria are met:

* The member has a malignant/cancer diagnosis
* The member has bone metastases

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity while on the current regimen.

## References

1. Strontium Chloride Sr-89 [package insert]. New York, NY: Q BioMed, Inc.; January 2020.