Reference number(s)
5749-A

SPECIALTY GUIDELINE MANAGEMENT

Strontium Chloride Sr-89 (METASTRON)

POLICY

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

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

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:
Documentation of the presence of bone metastases

III. CRITERIA FOR INITIAL APPROVAL

Malignant Bone Pain
Authorization of 12 months may be granted for the relief of bone pain when all of the following criteria are met:
1. The member has a malignant/cancer diagnosis
2. The member has bone metastases

IV. CONTINUATION OF THERAPY

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

V. REFERENCES

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