



Criteria for DEXA Scan approval
(based on CHN and USPSTF guidelines, and the National Osteoporosis Foundation)

SFHP will approve DEXA scans under the following five conditions. Other requests will be taken on a case-by-case basis.

1. No history of fragility fracture (should be offered treatment; DEXA will not change management)
2. No DEXA scan in the last three years
3. No previous DEXA scan confirming osteoporosis, or confirming severe osteopenia combined with risk factors (these patients should be offered treatment, and DEXA will not change management)
4. Willing to take medication for osteoporosis
5. Meet one of the criteria listed below:
 - a. Man or woman 50-84 with secondary cause of osteoporosis
 - b. Women age 60 - 64 with one modifiable and one non modifiable risk factor
 - c. Women age 65 – 84 with any risk factor

Modifiable risk factor:

- Alcoholism (3 drinks or more a day)
- Tobacco use
- Low weight (<125 pounds)
- Sedentary lifestyle
- Estrogen deficient (menopause <45 or bilateral oophorectomy or >1 year premenopausal amenorrhea)

Non-modifiable risk factor

- Caucasian or Asian, anovulatory >5 years with no estrogen replacement
- 1st degree relative with osteoporotic fracture
- Previous history of any fracture over age 40

Secondary cause of osteoporosis

- End stage liver or renal disease or post-transplant
- Hyperthyroidism (TSH < 0.05) or on TSH-suppressive doses of thyroid hormone
- Malabsorption, unintentional significant weight loss
- Men with 5 years or more of gonadal insufficiency
- Vitamin D deficiency
- Anti retroviral therapy in HIV
- Inflammatory bowel disease
- Chronic usage of phenobarbital, phenytoin, primidone, carbamazepine, or aromatase inhibitors (anastrozole, exemestine, letrozole)
- >5mg of prednisone daily for over 2 months or Cushing's Syndrome
- Prolonged severe loss of mobility (e.g. wheelchair use for 1 year or more)
- Chemotherapy
- Hyperparathyroidism



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- Significant height loss
- Rheumatoid arthritis
- Long-term anorexia nervosa
- Long-term depot medroxyprogesterone (Depo-Provera®)
- Men: anti-androgen therapy for prostate cancer (leuprolide, gosarelin, triptorelin, flutamide, bicalutamide, nilutamide)