



Missouri Pharmacy Program – Preferred Drug List



Bone Deossification Suppression Agents

Effective 11/01/2004

Revised 01/06/2011

Preferred Agents

- Actonel®
- Miacalcin®
- Boniva® Tabs
- Alendronate
- Fortical®

Non-Preferred Agents

- Fosamax®
- Fosamax® Plus D
- Fosamax Solution
- Didronel®
- Etidronate
- Actonel® with Calcium
- Boniva® Syringe
- Skelid®
- Calcitonin-Salmon Nasal

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030.