



## Missouri Pharmacy Program – Preferred Drug List



### Bone Deossification Suppression Agents

**Effective 11/01/2004**

Revised 10/06/2016

#### Preferred Agents

- Alendronate Tablets
- Fortical®
- **Ibandronate Tablets**

#### Non-Preferred Agents

Clinical Edits May Apply

- **Actonel® Tablets**
- Actonel® with Calcium
- Alendronate Solution
- Atelvia®
- Binosto®
- **Boniva® Tablets**
- Calcitonin-Salmon Nasal
- Etidronate Disodium
- Fosamax® Tablets/Solution
- Fosamax® Plus D
- Miacalcin® Nasal
- Prolia®
- Risendronate Tablets

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 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	
Prolia Only: First-Line Therapy Diagnosis of non-metastatic breast or prostate cancer	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030