



Missouri Pharmacy Program – Preferred Drug List



Bone Ossification Suppression Agents

Effective 11/01/2004

Revised 4/18/2019

Preferred Agents

- Alendronate Tabs
- Calcitonin-Salmon Nasal
- Ibandronate Tabs

Non-Preferred Agents

Clinical Edits May Apply

- Actonel[®]
- Alendronate Soln
- Atelvia[®]
- Binosto[®]
- Boniva[®] Tabs
- Didronel[®]
- Etidronate
- Fosamax[®]
- Fosamax[®] Plus D
- Miacalcin[®]
- Prolia[®]
- Risendronate

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- Prolia Only: First-Line Therapy
 - Diagnosis of non-metastatic breast or prostate cancer

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030