



## Missouri Pharmacy Program – Preferred Drug List



### Bone Deossification Suppression Agents

Effective 11/01/2004

Revised 10/04/2018

#### Preferred Agents

- Alendronate Tablets
- Calcitonin-Salmon Nasal
- Ibandronate Tablets

#### Non-Preferred Agents

Clinical Edits May Apply

- Actonel<sup>®</sup> Tablets
- Actonel<sup>®</sup> with Calcium
- Alendronate Solution
- Atelvia<sup>®</sup>
- Binosto<sup>®</sup>
- Boniva<sup>®</sup> Tablets
- Etidronate Disodium
- Fortical<sup>®</sup> Nasal (discontinued)
- Fosamax<sup>®</sup> Tablets/Solution
- Fosamax<sup>®</sup> Plus D
- Miacalcin<sup>®</sup> Nasal (discontinued)
- Prolia<sup>®</sup>
- Risendronate Tablets

### 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