Bisphosphonates
Effective June 19, 2019

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered without prior-authorization.
Second-Line: Second-line medications will pay if the member has filled at both first-line medications or a second-line medication within the past 180 days.
Third-Line: Third-line medications will pay if the member has filled a second-line medication or a third-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE	THIRD-LINE
alendronate tablets ibandronate tablets	risedronate tablets	risedronate delayed-release

If a member does not meet the initial step therapy requirements, then approval of a second-line or third-line medication will be granted if the member meets the following criteria:

Risedronate tablets

1. Member has had a trial and a documented side effect, allergy or treatment failure with first-line alendronate and ibandronate

Risedronate delayed-release tablets

1. Member has had a trial and a documented side effect, allergy or treatment failure with alendronate **AND**
2. The member has had a trial with risedronate immediate-release **AND**
3. Member was intolerant to risedronate immediate-release administration prior to meals OR unable to remain compliant with the administration at least 30 minutes prior to a meal

Pharmacist Note: all oral bisphosphonates (except risedronate delayed-release) need to be taken at least 30 minutes prior to a meal. If intolerance with this administration schedule has resulted in non-compliance the trial of risedronate immediate-release may be bypassed to allow a risedronate delayed-release trial.

Limitations

1. Approvals will be granted for 36 months.
2. The following quantity limits apply:

ALENDRONATE SODIUM TAB 35 MG	4 per 28 days, 12 per 84 days
ALENDRONATE SODIUM TAB 70 MG	4 per 28 days, 12 per 84 days
ALENDRONATE SODIUM TAB 10 MG	1 tablet per day
ALENDRONATE SODIUM TAB 5 MG	1 tablet per day
IBANDRONATE TAB 150MG	1 tablet per 28 days, 3 tablets per 84 days
RISEDRON SOD TAB 35MG DR	4 per 28 days, 12 per 84 days
RISEDRONATE TAB 150MG	1 tablet per 28 days, 3 tablets per 84 days
RISEDRONATE TAB 35MG	4 per 28 days, 12 per 84 days
RISEDRONATE TAB 30MG	1 tablet per day

References

1. Fosamax (alendronate) [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; March 2016
2. Actonel (risedronate sodium) [prescribing information]. Rockaway, NJ: Warner Chilcott; April 2015Apr.
3. Boniva tablets (ibandronate) [prescribing information]. South San Francisco, CA: Genentech USA Inc; December 2016.
4. Atelvia [package insert]. Rockaway, NJ: Warner Chilcott; April 2015
5. Alendronate sodium tablet [prescribing information]. Dayton, NJ: Aurobindo Pharma; August 2016.
6. Cosman F, de Beur SJ, LeBoff MS, Lewiwcki EM, Tanner B, Randall S, et al. Clinician's Guide to Prevention and Treatment of Osteoporosis [guideline on the Internet]. National Osteoporosis Foundation. 2014 [cited 24 Mar 2015]. Available at: https://my.nof.org/bone-source
7. AACE Osteoporosis Task Force. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis [guideline on the Internet]. Endocr Pract. 2010 Nov-Dec [cited 2014 Mar 6];16 Suppl 3:1-37. Available from: https://www.aace.com/files/osteo-guidelines-2010.pdf.

8. The North American Menopause Society. Management of osteoporosis in postmenopausal women: 2010 position statement of The North American Menopause Society. Menopause. 2010 Jan-Feb;17(1):25-54.
9. National Institute for Health and Clinical Excellence. Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women (amended) [guideline on the Internet]. National Institute for Health and Clinical Excellence. 2008 – amended 2011 Jan 26 [cited 2014 Mar 6]. Available from: http://www.nice.org.uk/nicemedia/live/11746/47176/47176.pdf.

Review History

04/25/11 – Reviewed
04/23/12 – Reviewed
04/22/13 – Updated
08/01/11 – Removed Boniva IV
10/24/11 – Atelvia added and Actonel w/ Ca obsolete
03/26/12 – Ibandronate
06/03/13 – Zoledronic acid generic
07/01/13 – Removed zoledronic acid. Briova restricted as of 9/1/12 criteria
03/09/14 – Risedronate 15mg tab generic
04/27/15 – Reviewed
04/25/16 – Reviewed
06/19/19 – Ibandronate to first line, risedronate now requires two first line trials; retired for CommExch

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