

Break Away From Osteoporosis

May is national Osteoporosis month! One in two women and one in four men over the age of fifty will break a bone due to osteoporosis. It is important to reinforce osteoporosis non-pharmacologic interventions such as: ensure they get enough calcium and vitamin D, exercise, eat a well balanced diet, avoid smoking and limit alcohol intake*. For members who require pharmacologic interventions, please see below for Molina Healthcare's preferred medications:

Drug Class	Preferred Medications	Prior Authorization Required?
Over the counter (OTC)	Calcium Vitamin D	No
Bisphosphonates	Alendronate Tablets (Fosamax) Ibandronate Tablets (Boniva)	No
	Zoledronic Acid (Reclast) ^{PA} Ibandronate Syringe (Boniva) ^{PA} Pamidronate Injection ^{PA}	Yes; note below: <ul style="list-style-type: none"> • Patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder; OR patient has a history of severe malabsorption making use of oral bisphosphonates ineffective; OR Patient has an inability to stand or sit upright for 60 minutes; OR Patient has tried and is intolerant to two (2) or more oral bisphosphonates. • FOR IBRANDRONATE AND PAMIDRONATE: Prescriber attestation of a trial and failure or labeled contraindication of zoledronic acid • FOR ZOLEDRONIC ACID REQUESTS: Serum creatinine and calcium level dated within the past 90 days along with height and weight to calculate creatinine clearance. Creatinine clearance must be greater than 35 ml/min and hypocalcemia must be
Calcitonins	Calcitonin-salmon spray (Miacalcin) ^{AGE}	No
Selective Estrogen Receptor Modulator	Raloxifene (Evista) ^{AGE}	No
Miscellaneous	Abaloparatide (Tymlos) ^{PA, SP} Denosumab (Prolia) ^{PA, SP}	Yes, note below: <ul style="list-style-type: none"> • Documentation of failure (12 month trial), contraindication, or intolerance to oral and/or IV bisphosphonate therapy (treatment failure is defined by progression of bone loss as documented by bone density measurements (BMD) after at least 12 months of therapy OR occurrence of an osteoporotic fracture after having been compliant on at least 12 months of therapy on an oral bisphosphonate) • For Forteo requests, trial and failure or contraindication to Prolia or Tymlos
	Teriparatide (Forteo) ^{PA, SP}	

^{AGE} - Covered for age 50 years and older

^{SP} Specialty drug; these drugs must be obtained through a specialty pharmacy

^{PA} Prior authorization required

¹ GERD is not a labeled contraindication for oral bisphosphonate therapy

*National Osteoporosis Foundation. [online] Available at: <https://www.nof.org/> [Accessed 22 April 2019].