



**GEORGIA MEDICAID FEE-FOR-SERVICE
BONE OSSIFICATION SUPPRESSION AGENTS PA SUMMARY**

Preferred	Non-Preferred
Alendronate tablets generic Etidronate disodium generic Calcitonin-salmon nasal spray generic	Actonel (risedronate) Actonel with Calcium (risedronate with calcium) Alendronate solution generic Atelvia (risedronate delayed release) Binosto (alendronate effervescent) Fortical (calcitonin-salmon nasal spray) Forteo (teriparatide) Fosamax Plus D (alendronate/cholecalciferol) Ibandronate tablets, injection generic Miacalcin injectable (calcitonin-salmon) Risedronate generic Risedronate delayed-release (DR) generic

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ If generic risedronate is approved, the PA will be issued for brand Actonel. If risedronate DR generic is approved, the PA will be issued for brand Atelvia.
- ❖ If injectable medication is being administered in a physician’s office then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov.

PA CRITERIA:

For Actonel, Actonel with Calcium, Atelvia, and Ibandronate Tablets Generic, Risedronate Generic, Risedronate DR Generic

- ❖ Approvable for members that have experienced allergies, contraindications, drug-drug interactions, or history of intolerable side effects to the preferred product, generic alendronate.
- ❖ In addition for generic risedronate, prescriber must submit a written letter of medical necessity stating the reasons brand Actonel is not appropriate for the member.
- ❖ In addition for generic risedronate DR, prescriber must submit a written letter of medical necessity stating the reasons brand Atelvia is not appropriate for the member.

For Ibandronate Injection Generic

- ❖ Approvable when administered in the member’s home or in a long-term care facility

AND

- ❖ Member is unable to swallow solid oral dosage forms of medication that prevents the use of the preferred product, generic alendronate tablets.



OR

- ❖ Member has experienced allergies, contraindications, drug-drug interactions, or history of intolerable side effects to the preferred product, generic alendronate.

For Forteo

- ❖ Member must be 18 years of age or older and meet one of the conditions below.
- ❖ Approvable for the treatment of osteoporosis in members who were intolerant to or failed treatments with at least one other medication for the treatment of osteoporosis.
- ❖ Approvable for the treatment of glucocorticoid-induced osteoporosis in members on sustained systemic glucocorticoid therapy and at high risk for fractures and the patient is intolerant or failed treatment with at least one other medication for the treatment of osteoporosis.
- ❖ Approvable for the treatment of severe ongoing bone loss in members who are at high risk for fractures.
- ❖ Approvable for the treatment of hypoparathyroidism in members who are under the care of an endocrinologist.

For Fosamax Plus D

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, generic alendronate tablets, is not appropriate for the member.

For Binosto or Alendronate Solution Generic

- ❖ Approvable for members unable to swallow solid oral dosage forms of medication that prevents the use of the preferred product, generic alendronate tablets.

For Miacalcin Injection

- ❖ Approvable when administered in the member's home or in a long-term care facility

AND

- ❖ Member requires rapid decrease in calcium

OR

- ❖ Member has nasal trauma, nasal ulcers or other circumstance that prevents the use of the preferred product, generic calcitonin-salmon nasal spray.

For Fortical

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, generic calcitonin-salmon nasal spray, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.