

## BONE OSSIFICATION SUPPRESSION AGENTS PA SUMMARY

<b>PREFERRED</b>	Alendronate tablets, Etidronate disodium, Miacalcin nasal spray
<b>NON-PREFERRED</b>	Actonel, Actonel with Calcium, Atelvia, Boniva, Calcitonin-salmon nasal spray, Didronel Fosamax Plus D, Fosamax solution, Miacalcin injectable

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

*For Actonel, Actonel with Calcium, Atelvia, and Boniva*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to alendronate.

*For Didronel*

- ❖ Submit a written letter of medical necessity stating the reason(s) that generic etidronate is not appropriate for the member.

*For Fosamax Solution*

- ❖ Approvable if the member has difficulty swallowing alendronate tablets.

*For Fosamax Plus D*

- ❖ Submit a written letter of medical necessity stating the reason(s) that generic alendronate is not appropriate for the member.

*For generic calcitonin-salmon nasal spray*

- ❖ Submit a written letter of medical necessity stating the reason(s) that brand name Miacalcin nasal spray is not appropriate for the member.

*For Miacalcin injection*

- ❖ Explain why Miacalcin nasal spray cannot be used.

**EXCEPTIONS:**

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

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.