



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 11, 2012

BONE RESORPTION INHIBITOR MEDICATIONS

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

1. Is there any reason that the patient cannot be switched to a preferred medication? Acceptable reasons include:
 - A. Allergy to the preferred medications;
 - B. Contraindication or drug-to-drug interaction with the preferred medications;
 - C. History of serious reaction (eg. seizures, tachycardia, osteonecrosis, angioedema, etc. . .) to preferred medications;
2. Has there been a therapeutic trial and failure of at least six months with all preferred agents?
3. Has the patient failed a therapeutic trial of a non-preferred medication (duration = 6 months for osteoporosis documented by bone density studies)?
4. Is there a specific indication for a non-preferred medication, which the preferred medications do not have?

(Some medications within this class may have specific criteria.)