



# Bisphosphonates Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
2/1/2024

**Date of Origin**  
1/1/2008

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Alendronate Sodium Oral Soln 70 MG/75ML	70 MG/75ML	300	mLs	28	DAYS			
	Alendronate Sodium Tab 10 MG	10 MG	30	Tablets	30	DAYS			
	Alendronate Sodium Tab 35 MG	35 MG	4	Tablets	28	DAYS			
	Alendronate Sodium Tab 5 MG	5 MG	30	Tablets	30	DAYS			
	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	3 MG/3ML	3	mLs	90	DAYS			
	Risedronate Sodium Tab 30 MG	30 MG	30	Tablets	30	DAYS			
	Risedronate Sodium Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Actonel	Risedronate Sodium Tab 150 MG	150 MG	1	Tablet	30	DAYS			
Actonel	Risedronate Sodium Tab 35 MG	35 MG	4	Tablets	28	DAYS			
Atelvia	Risedronate Sodium Tab Delayed Release 35 MG	35 MG	4	Tablet	28	DAYS			
Binosto	Alendronate Sodium Effervescent Tab 70 MG	70 MG	4	Tablets	28	DAYS			
Boniva	Ibandronate Sodium Tab 150 MG (Base Equivalent)	150 MG	1	Tablet	30	DAYS			
Fosamax	Alendronate Sodium Tab 70 MG	70 MG	4	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	70-2800 MG-UNIT	4	Tablets	28	DAYS			
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-5600 MG-Unit	70-5600 MG-UNIT	4	Tablets	28	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Alendronate Sodium Oral Soln 70 MG/75ML	70 MG/75ML	Medicaid
	Alendronate Sodium Tab 10 MG	10 MG	Medicaid
	Alendronate Sodium Tab 35 MG	35 MG	Medicaid
	Alendronate Sodium Tab 5 MG	5 MG	Medicaid
	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	3 MG/3ML	Medicaid
	Risedronate Sodium Tab 30 MG	30 MG	Medicaid
	Risedronate Sodium Tab 5 MG	5 MG	Medicaid
Actonel	Risedronate Sodium Tab 150 MG	150 MG	Medicaid
Actonel	Risedronate Sodium Tab 35 MG	35 MG	Medicaid
Atelvia	Risedronate Sodium Tab Delayed Release 35 MG	35 MG	Medicaid
Binosto	Alendronate Sodium Effervescent Tab 70 MG	70 MG	Medicaid
Boniva	Ibandronate Sodium Tab 150 MG (Base Equivalent)	150 MG	Medicaid
Fosamax	Alendronate Sodium Tab 70 MG	70 MG	Medicaid
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	70-2800 MG-UNIT	Medicaid
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-5600 MG-Unit	70-5600 MG-UNIT	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does not have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following:</li> </ol> </li> </ol>

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"><li data-bbox="467 180 1386 239">1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li><li data-bbox="467 239 1386 298">2. Information has been provided to support therapy with a higher dose for the requested indication</li></ol> <p data-bbox="232 331 708 365"><b>Length of Approval:</b> up to 12 months</p>