Bisphosphonates Quantity Limit Program Summary

Quantity limits apply to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx.

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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Alendronate Sodium Tab 10 MG	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Alendronate Sodium Tab 35 MG	35 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Alendronate Sodium Tab 5 MG	5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	3 MG/3ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Risedronate Sodium Tab 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Risedronate Sodium Tab 5 MG	5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Actonel	Risedronate Sodium Tab 150 MG	150 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Actonel	Risedronate Sodium Tab 35 MG	35 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Atelvia	Risedronate Sodium Tab Delayed Release 35 MG	35 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Marketplace/BasicRx ; KeyRx
Binosto	Alendronate Sodium Effervescent Tab 70 MG	70 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Boniva	Ibandronate Sodium Tab 150 MG (Base Equivalent)	150 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Fosamax	Alendronate Sodium Tab 70 MG	70 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	70-2800 MG-UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Fosamax plus d	Alendronate Sodium-Cholecalciferol Tab 70-5600 MG-Unit	70-5600 MG-UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval

QL Standalone	**Quantity Limit for the Target Agent(s)** will be approved when ONE of the following is met:
	
	1. The requested quantity (dose) does NOT exceed the program quantity limit **OR**
	2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following:
	  A. BOTH of the following:
	    1. The requested agent does not have a maximum FDA labeled dose for the requested indication **AND**
	    2. Information has been provided to support therapy with a higher dose for the requested indication **OR**
	  B. BOTH of the following:
	    1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND**
	    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 **OR**
	  C. BOTH of the following:
	    1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND**
	    2. Information has been provided to support therapy with a higher dose for the requested indication
	
	Length of Approval: up to 12 months

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