

<b>POLICY NAME</b>	Bisphosphonate, Oral Step-Edit	<b>POLICY #</b>	<b>1839P</b>
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## Criteria

### Step Edit Criteria

- ☐ 1.1 If you have a paid claim at the pharmacy for alendronate (generic Fosamax) or ibandronate (generic Boniva), your request will be covered
- ☐ 1.2 Provider can submit medical chart documentation of previous trial and failure, intolerance, or contraindication of alendronate or ibandronate.