

POLICY NAME	Bisphosphonate, Oral Step-Edit	POLICY #	1839P
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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.