

MTF Formulary Management for Oral Bisphosphonates

Defense Health Agency Pharmacy Operations Division

September 2014

Bottom-line

- Alendronate (generic Fosamax) is the preferred oral bisphosphonate and remains BCF.
- Prior Authorization (Step Therapy) applies in this class – see below.
- Ibandronate (Boniva) is no longer BCF, but remains Uniform Formulary. Current users of ibandronate may continue therapy. New users of ibandronate must try alendronate first.
- New AND current users of risedronate (Actonel) must try alendronate first. Risedronate users are not grandfathered.
- Fosamax Plus D is no longer BCF, it moves to Non-Formulary.
- All the oral bisphosphonates have similar efficacy with regard to increasing bone density.
- The FDA released new oral bisphosphonates safety information suggesting patients at low to moderate fracture risk may benefit from a drug holiday after 3-5 years of therapy.

Uniform Formulary Decision: The Director, DHA approved the recommendations from the May 2014 DoD P&T Committee meeting in September 2014, with an implementation date of December 17, 2014.

Uniform Formulary (UF) drugs		Non-Formulary (NF) drugs
BCF drugs - MTFs <u>must</u> have on formulary	MTFs <u>may</u> have on formulary	MTFs <u>must not</u> have on formulary
<p><u>Step-preferred:</u></p> <ul style="list-style-type: none"> • Alendronate (generic Fosamax) 	<p><u>Non step-preferred*:</u></p> <ul style="list-style-type: none"> • Ibandronate (Boniva) 	<p><u>Non step-preferred**:</u></p> <ul style="list-style-type: none"> • Alendronate/Vitamin D (Fosamax+D) • Alendronate effervescent tablet (Binosto) • Risedronate (Actonel) • Risedronate delayed release (Atelvia)
<p>* Step therapy applies to all new patients—must try alendronate first</p> <p>**Step therapy applies to all new and current patients – must try alendronate first</p>		

Prior Authorization and Step Therapy information

- Prior authorization (step therapy) criteria apply to all new users ibandronate (“grandfathered”) and to all new and current users of risedronate, Atelvia, Binosto, or Fosamax+D (not “grandfathered”).
- Generic alendronate is the step-preferred bisphosphonate.
- A new user is a patient who has been prescribed a non step-preferred product (ibandronate, risedronate, Atelvia, Binosto, or Fosamax+D) and does not have a prescription for the non step-preferred medication in their drug profile in the past 180 days.
- All new users of ibandronate and all new and current users of risedronate, Atelvia, Binosto and Fosamax+D must try alendronate first, unless the following issues with alendronate, which is not expected to occur with the non step-preferred oral bisphosphonate:
 - Intolerable adverse effects
 - The patient requires monthly ibandronate or Actonel 150 mg due to GI adverse effects from alendronate weekly dosing.
 - The patient has experience significant adverse events from alendronate, which is not expected to occur with the non preferred products.
 - For Binosto: the patient has swallowing difficulties and cannot consume 8 ounces of water and has no sodium restrictions.
 - For Fosamax+D: the patient cannot take alendronate and vitamin D separately.
 - Contraindication

Clinical Summary

- Relative superiority of one oral bisphosphonate vs. another cannot be determined by bone mineral density (BMD) data alone. Available data from placebo-controlled trials is not sufficient to clearly establish superiority of one oral bisphosphonate vs. another for fracture prevention. No sufficient head-to-head studies exist to establish superiority.
- Clinical guidelines list ibandronate as 2nd line therapy due to the lack of data for hip fracture prevention and the lack of long-term data. However, ibandronate has the convenience of once monthly dosing, and an MHS study showed improved persistence with the once monthly ibandronate formulation over the other once-weekly bisphosphonates.
- Risedronate formulations: Atelvia offers a once weekly risedronate regimen. Binosto allows for less consumption of water; however the formulation contains an additional sodium load. Atelvia and Binosto offer no clinically compelling advantages over existing UF agents.
- The FDA issued a guidance document in September 2011 pertaining to bisphosphonates and adverse events (<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/DrugSafetyandRiskManagementAdvisoryCommittee/UCM270958.pdf>)
 - Risk of osteonecrosis of the jaw is low but is most often observed after invasive dental procedures during oncology therapy.
 - The FDA concluded that concerns about atrial fibrillation need not be considered in decisions about osteoporosis therapy.
 - With regard to esophageal cancer, the FDA determined there is not enough information to make definitive conclusions about a possible connection between oral bisphosphonates and esophageal cancer.
 - Risk of atypical femur fractures rises with increased duration of bisphosphonate exposure and decreases rapidly after discontinuation.
 - Use of glucocorticoids and PPIs increase the risk of atypical femur fractures.
 - Data suggests that patients at low to moderate fracture risk may benefit from a drug holiday after 3-5 years of exposure.
 - BMD should be monitored every 2-3 years to reassess risk

References

- DOD P&T Committee minutes: http://pec.ha.osd.mil/pt_minutes.php?submenuheader=5
- Current/future drug classes under review by the DOD P&T Committee: http://pec.ha.osd.mil/PT_Committee.php?submenuheader=4
- TRICARE formulary search tool: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1
- Prior Authorization/Medical Necessity forms: http://pec.ha.osd.mil/forms_criteria.php?submenuheader=1
- Point of contact for additional information: usarmy.jbsa.medcom-ameddcs.list.pecuf2@mail.mil

Additional References

- National Osteoporosis Foundation guidelines: <http://nof.org/hcp/clinicians-guide>
- American Association of Clinical Endocrinologist's guidelines: <https://www.aace.com/files/osteo-guidelines-2010.pdf>
- Whitaker M, et al. N Engl J Med 2012;366(22):2048-51 (editorial)
- McClung M, et al. Am J Med 2013;126:13-20.

Oral Bisphosphonate Price Comparison at MTF	
Drug & Dosage Form	MTF cost/month (May 2014)
Basic Core Formulary	
Alendronate generics	\$ Most Cost-Effective
Uniform Formulary	
Ibandronate (Boniva and generics)	\$\$\$ Less Cost-Effective
Non-Formulary	
Alendronate/Vitamin D (Fosamax+D)	\$\$\$\$ Least Cost-Effective
Risedronate (Actonel)	\$\$\$\$ Least Cost-Effective
Risedronate delayed-release (Atelvia)	\$\$\$\$ Least Cost-Effective
Alendronate effervescent tablet (Binosto)	\$\$\$\$ Least Cost-Effective