

Clinical Pharmacy Program Guidelines for FOSRENOL[®]

Program	Prior Authorization
Medication	FOSRENOL

1. Background:

Drugs Requiring Prior Authorization

FOSRENOL 500 MG TABLET CHEW
FOSRENOL 750 MG POWDER PACKET
FOSRENOL 750 MG TABLET CHEW
FOSRENOL 1,000 MG POWDER PACKET
FOSRENOL 1,000 MG TABLET CHEW

2. Coverage Criteria:

A. Authorization Criteria

1. The patient is at least 18 years of age.

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program