

Pharmacologic Agents for Treatment of Osteoporosis

SCAN Formulary Drugs

Medication	2024 Formulary Status		2025 Formulary Status		Dosing & Administration	Adverse Drug Reactions
	Tier	UM	Tier	UM		
Bisphosphonates						
<i>alendronate tabs</i>	1		1		<ul style="list-style-type: none"> GIO* prevention for men: 5mg PO QD GIO prevention: 5mg PO QD for women receiving estrogen and 10mg PO QD in women not receiving estrogen 	Abdominal pain, esophagitis, bone pain, muscle pain, nausea
<i>ibandronate oral</i>	2		2		Oral: PMO prevention & treatment: 150mg PO monthly or 2.5mg PO QD	Nausea, fever, vomiting, dyspnea (not recommended if CrCl is less than 35 ml/min)
<i>risedronate</i>	3		3		<ul style="list-style-type: none"> GIO (men and women): 5mg PO QD Osteoporosis treatment in men: 35mg PO QW PMO prevention & treatment: 5mg PO QD or 35mg PO QW or 75mg/day PO for 2 days of each month or 150mg PO monthly. 	Abdominal pain, arthralgia, diarrhea, nausea, rash
Selective Estrogen Receptor Modifying Agents						
<i>raloxifene</i>	3		3		PMO prevention & treatment: 60mg PO QD	Hot flashes, arthralgia, sinusitis, flu like syndrome, headache
Estrogens (Indicated for Osteoporosis prevention)						
<i>estradiol oral</i>	2		2		0.5mg PO daily	Peripheral edema, nausea/vomiting, breast tenderness
<i>estradiol patches, dotted, lyllana</i>	2		2		Transdermal system: start at 0.025mg/day once or twice weekly	

<i>estradiol / norethindrone, amabelz, mimvey</i>	2		2		0.5mg / 0.1mg – 1mg / 0.5mg PO QD	
<i>norethindrone acetate / ethinyl estradiol, fyavolv, jinteli</i>	2		2		0.5mg / 2.5mcg - 1mg / 5mcg PO QD	
PREMARIN ORAL (<i>conjugated estrogens</i>)	3		3		0.3 – 0.625 mg PO QD	
PREMPRO, PREMPHASE (<i>medroxy-progesterone / conjugated estrogens</i>)	3		3		Start at 0.3mg / 1.5mg PO QD	
Calcitonin						
<i>calcitonin-salmon nasal</i>	2		2		1 spray (200 IU) / day, alternating nostrils	Nasal symptoms (e.g., nasal crusts, dryness, redness, nasal sores, irritation, itching, soreness, infection)
Parathyroid Hormone						
<i>teriparatide</i>	5	[PA]	5	[PA]	GIO (men and women), PMO treatment: 20mcg SC daily	Hypertension, arthralgia, rhinitis, nausea, dizziness, pain, asthenia, headache
TYMLOS (<i>abaloparatide</i>)	5	[PA]	5	[PA]	80mcg SC daily	Hypercalciuria, dizziness, nausea, headache, and palpitations
RANK Ligand (RANKL) Inhibitor						
PROLIA (<i>denosumab</i>)	4	[PA]	4	[PA]	Treatment of PMO and Osteoporosis in men: 60mg SC every 6 months	Back pain, arthralgia, extremity pain

*GIO: glucocorticoid-induced osteoporosis PMO: postmenopausal osteoporosis
Brand-name drugs are capitalized and generic drugs are listed in lower-case italics. [PA] = Prior Authorization



Osteoporosis Guidelines References

Osteoporosis Guidelines adapted from:

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8. “Quality Indicators for Care of Osteoporosis in Vulnerable Elders” JAGS, 55:S392-S402 2007.
9. Algorithm of clinical and BMD information to model the 10-year fracture probability in men and women. (2024, Sept). Retrieved from <http://www.shef.ac.uk/FRAX>.
10. Camacho, P., Petak, S., Binkley, N., et al. American association of clinical endocrinologists/American college of endocrinology clinical practice guidelines for the diagnosis and treatment of Postmenopausal osteoporosis— 2020 update. Endocr Pract., 26 (2020). doi: 10.4158/GL-2020-0524SUPPL.