

Drug Name: Fosamax

Common Use: Prevention or treatment of osteoporosis

Coverage Requirement: A trial of **alendronate*** (generic to Fosamax) prior to the use of Fosamax.

*If your plan includes GenericSampleSM, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSaveSM plans or under the 90-day maintenance drug benefit.

Coverage Rationale: There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*