

# Biphosphonates

<i>Product Name</i>	<i>Preferred Drug List</i>	<i>Medicaid</i>	<i>Health Choice</i>	<i>ABW: Wayne, Macomb</i>	<i>Plan B: Wayne, Macomb</i>
<b>Alendronate</b> (Fosamax)	√	FA	FA	FA	FA

Generics are **bolded**

\*√ = Preferred Drug

\*FA = Formulary

\*PA = Prior Authorization required

\*NF = Not on Formulary

\*ST = Step Therapy

\*QL = Quantity Limits