



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Etidronate™ (etidronic acid)

Review Criteria

Member must meet all the following criteria:

- Member must have a diagnosis of Paget's Disease or heterotopic ossification (caused by spinal cord injury or following total hip replacement)
- Contraindication, intolerance to or inadequate response to a preferred bisphosphonate (i.e., alendronate) is required