

An Integrated Approach: Bisphosphonate Management for the Treatment of Osteoporosis

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Management of osteoporosis presents challenges for practicing physicians as well as for many other healthcare providers, including long-term care and managed care plans. The number of seniors enrolled in managed care has increased substantially since the launch of the Medicare Modernization Act in late 2003, and because of the impact of osteoporosis on the senior population, this disease is a major concern for managed care. Identifying the correct population and determining the most appropriate treatment within this population—knowing who to treat and when to treat—is key. Other challenges include encouraging both the physicians and the “at-risk” population to begin treatment of the disease and to treat it appropriately. Persistence during therapy is another hurdle encountered with osteoporosis management. In particular, individuals who have not had a fracture or experienced the accompanying pain or disability may not adhere to their prescribed treatment.

Oral bisphosphonates are typically managed under the pharmacy benefit of managed care plans. With the recent availability of intravenous bisphosphonates, osteoporosis therapies now cross both the traditional pharmacy and medical benefit boundaries. Determining the most appropriate and cost-effective treatment for specific populations requires developing and incorporating best practices that integrate both pharmacy and medical benefit considerations. When developing guidelines and policy as part of these best practices for osteoporosis management, medical directors and pharmacy directors are confronted with a number of considerations that warrant close scrutiny. These considerations include:

- The efficacy and safety of one type of therapy over another
- The number of same-class drugs already in the market
- The generics or over-the-counter products available or on the horizon
- Various dosage forms (oral, intravenous)
- Various dosing frequencies (daily, weekly, monthly, yearly)
- For office- or facility-administered drugs, what are the preferred site(s) of care for the payer, and why
- Which drugs to cover under medical versus pharmacy benefit, and whether this is defined by the benefit itself
- Which drugs are preferred, or whether one benefit may be preferred over another
- The cost of the therapy to the payer and the cost to the patient
- The nature of existing contracts that are in place
- The nature of current utilization management strategies in place

A roundtable of managed market experts was held in late July 2007 to discuss these challenges and generate effective approaches in response to these challenges. However, Rebecca Jackson, MD, is the only author/faculty member who did not participate in this roundtable; the section authored by Dr Jackson was contributed after the roundtable. This continuing education activity highlights insights shared by these experts, as well as their recommendations for developing an integrated, evidence-based approach that fosters effective management of bisphosphonates for the treatment of osteoporosis.