Osteoporosis Management in Women Who Had a Fracture (OMW)

Approximately 50% of women over the age of 50 will break a bone due to osteoporosis in their lifetime.[1,2] The National Osteoporosis Foundation (NOF) advises patients over the age of 50 to avoid smoking and excessive alcohol intake and to get 1,000–1,200 mg of calcium and 800–1,000 IU of vitamin D daily. Pharmacological treatment is recommended in postmenopausal women and men 50 years and older with a bone mineral density (BMD) T-score less than or equal to -2.5, moderate T-score (-1.0 to -2.5) with high FRAX risk, or prior hip or spine fracture, regardless of BMD. The NOF also suggests performing BMD testing one to two years after initiating or changing therapy and reassessing BMD for consideration of a drug holiday after three to five years of bisphosphonate therapy.[2]

The OMW Healthcare Effectiveness Data and Information Set (HEDIS) and Star measures evaluate the percentage of Medicare female members aged 67 to 85 years who have had a fracture and have either a BMD test or a medication treatment for osteoporosis within six months of the fracture. Appropriate testing or treatment is defined as one of the following:[3,4]

- A BMD test (gold-standard assessment with dual-energy x-ray absorptiometry [DXA]) in any setting
- Long-acting osteoporosis therapy during an inpatient stay
- A dispensed prescription of any treatment option listed in the table below

Consider the following formulary treatment options for your patients with a history of osteoporotic fracture.

Drug Category	Generic Medication (Brand Name) and Strength	OneCare Formulary Status
Bisphosphonates and derivatives *(first-line)*	alendronate (Fosamax) 10 mg, 35 mg, 70 mg, 70 mg/75 mL	Formulary
	ibandronate (Boniva) 150 mg	Formulary
	zoledronic acid (Reclast) 5 mg/100 mL	PA required
	risedronate (Actonel) 35 mg, 150 mg	Formulary
RANK-ligand inhibitor	denosumab (Prolia) 60 mg/mL	PA required*^
Parathyroid hormone analogs	teriparatide (Forteo, Bonsity) 560 mcg/2.24 mL	PA required†
	abaloparatide (Tymlos) 80 mcg	PA required*
Estrogen-related therapy	raloxifene (Evista) 60 mg	Formulary

*PA required for brand. ^Prolia biosimilars are non-formulary. †PA required for generic teriparatide and Bonsity. Forteo is non-formulary.

References
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3. National Committee for Quality Assurance (NCQA). HEDIS® 2025: Quality Measure Toolkit Washington (DC): National Committee for Quality Assurance (NCQA); 2025. https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/2025-hedis-quality-measures-tip-sheet.pdf
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