TERIPARATIDE

Generic	Brand	HICL	GCN	Exception/Other
TERIPARATIDE	FORTEO	24700		

GUIDELINES FOR USE

1. Is the medication being used for **ONE** of the following diagnoses?
   - Postmenopausal osteoporosis
   - Primary or hypogonadal osteoporosis in a male patient
   - Glucocorticoid-induced osteoporosis

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
   - The patient is at high risk for fractures defined as **ONE** of the following:
     - History of osteoporotic (i.e., fragility, low trauma) fracture(s)
     - 2 or more risk factors for fracture (e.g., history of multiple recent low trauma fractures, BMD T-score less than or equal to -2.5, corticosteroid use, or use of GnRH analogs such as nafarelin, etc.)
     - No prior treatment for osteoporosis **AND** FRAX score ≥ 20% for any major fracture OR ≥ 3% for hip fracture
   - The patient is unable to use oral therapy (i.e., upper gastrointestinal [GI] problems - unable to tolerate oral medication, lower GI problems - unable to absorb oral medications, trouble remembering to take oral medications or coordinating an oral bisphosphonate with other oral medications or their daily routine)
   - The patient has an adequate trial of, intolerance to, or a contraindication to bisphosphonates (e.g., alendronate, risedronate, ibandronate)

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

3. Has the patient received a total of 24 months cumulative treatment with any parathyroid hormone therapy (e.g., Forteo, Tymlos)?

   If yes, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

   If no, **approve up to 24 months cumulative lifetime treatment duration by HICL with a quantity limit of 2.4mL (#1 multi-dose pen) per 28 days.**

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TERIPARATIDE

GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: The guideline named **TERIPARATIDE (Forteo)** requires that the patient has a diagnosis of postmenopausal osteoporosis, primary or hypogonadal osteoporosis in a male patient, or glucocorticoid-induced osteoporosis, AND the patient has not received a total of 24 months or more of parathyroid hormone therapy with Forteo or Tymlos. In addition, one of the following criteria must be met:

- The patient is at high risk for fractures defined as **ONE** of the following:
  - History of osteoporotic (i.e., fragility, low trauma) fracture(s)
  - 2 or more risk factors for fracture (e.g., history of multiple recent low trauma fractures, BMD T-score less than or equal to -2.5, corticosteroid use, or use of GnRH analogs such as nafarelin, etc.)
  - No prior treatment for osteoporosis AND FRAX score ≥ 20% for any major fracture OR ≥ 3% for hip fracture
- The patient is unable to use oral therapy (i.e., upper gastrointestinal [GI] problems - unable to tolerate oral medication, lower GI problems - unable to absorb oral medications, trouble remembering to take oral medications or coordinating an oral bisphosphonate with other oral medications or their daily routine)
- The patient has an adequate trial of, intolerance to, or a contraindication to bisphosphonates (e.g., alendronate, risedronate, ibandronate)

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Forteo.

REFERENCE

- Eli Lilly and Company. Forteo package insert. Indianapolis, IN. October 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/20
Created: 05/03
Client Approval: 11/19
P&T Approval: 10/19