

POLICY NAME	Forteo (teriparatide)	POLICY #	1031P
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Criteria

Treatment of osteoporosis in adults

- ☐ Diagnosis of osteoporosis
- ☐ High-risk for fractures
- ☐ Postmenopausal female or male with primary hypogonadal osteoporosis
- ☐ Documented failure, intolerance, or contraindication to any of the following; OR:
 - Two oral bisphosphonates (alendronate, ibandronate)
 - One oral bisphosphonate and IV zoledronic acid (Reclast)
 - one oral bisphosphonate and denosumab (Prolia)
- ☐ Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
- ☐ Coverage of Forteo will require documented previous trial and failure with generic teriparatide
- ☐ Patients with severe osteoporosis (T-score \leq -3 or several vertebral fractures) can bypass trial with bisphosphonates/Prolia based on evidence supporting maximized bone density when receiving Forteo prior to bisphosphonates/Prolia

Treatment of glucocorticoid induced osteoporosis in adults

- ☐ Diagnosis of osteoporosis
- ☐ Long-term glucocorticoid therapy
- ☐ High-risk for fractures
- ☐ Documented failure, intolerance, or contraindication to two oral bisphosphonates
- ☐ Coverage of Forteo will require documented previous trial and failure with generic teriparatide

Exclusion Criteria – Any of the following prevents coverage

- ☐ Combination therapy involving the use of teriparatide concurrently with another bone mineral density- modifying drug

☐ Treatment with teriparatide following long-term bisphosphonate use in patients seeking a drug holiday, and the continued use of bisphosphonates is not contraindicated

☐ Treatment of osteopenia

☐ Forteo will not be covered if the member has previously been treated with Tymlos for 24 months or Evenity for 12 months CPT Codes HCPCS Codes Criteria Purpose of the Policy References
J3110 Injection, teriparatide, 10 mcg