

Forteo (teriparatide)

Coverage Criteria:

1. Patients meeting one of the following:
 - a. severe osteoporosis with a t-score of spine, hip, or femoral neck at minus 3.5 or lower;
or,
 - b. a fragility fracture of the spine or hip within the last five years; or,
 - c. osteoporosis with a t-score at minus 2.5 or lower who have had either :
 - i. an intolerance or contraindication to bisphosphonate therapy such as alendronate or risedronate (Actonel/Atelvia); or,
 - ii. progressive bone loss (bone loss three percent or higher over two years) despite therapy with bisphosphonates (compliance 75% or higher), adequate calcium, and adequate vitamin D intake (serum levels of 30ng/mL or higher);
and,
2. Patient has tried and failed Tymlos and generic teriparatide; and,
3. Prescribed within approved FDA dosing regimen.

Prescriber Restriction:

None

Coverage Duration:

Approvals are limited to 2 years.