Health Alliance™

Pharmacy Drug Policy & Procedure

Policy Name:	Forteo (teriparatide)	Policy #:	1031P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Forteo or teriparatide.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Forteo or teriparatide under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria

1. Treatment of osteoporosis in adults

1.1 Diagnosis of osteoporosis
1.2 High-risk for fractures
1.3 Postmenopausal female or male with primary hypogonadal osteoporosis
1.4 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)

1.5 Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
1.6 Coverage of Forteo will require documented previous trial and failure with generic teriparatide
1.7 Patients with severe osteoporosis (T-score ≤ -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

2. Treatment of glucocorticoid induced osteoporosis in adults

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

3. Approval Time

3.1 24 months (lifetime)
- Approved members are eligible for a maximum of 24 months total of Parathyroid Hormone Analog treatment, including both Forteo (teriparatide) and Tymlos (abaloparatide) therapies

4. Exclusions

4.1 Combination therapy involving the use of teriparatide concurrently with another bone mineral density-modifying drug
4.2 Treatment with teriparatide following long-term bisphosphonate use in patients seeking a drug holiday, and the continued use of bisphosphonates is not contraindicated
4.3 Treatment of osteopenia
4.4 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

J3110	Injection, teriparatide, 10 mcg

References

1. Forteo (teriparatide) [prescribing information]. Indianapolis, IN: Lilly USA LLC; September 2021.
2. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists/American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis-2020 update. Endocr Pract. 2020;26(suppl 1):1-46.
3. Eastell R, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update. J Clin Endocrinol Metab. 2020 Mar 1;105(3):dgaa048.
4. Kittleson MM, Maurer MS, Ambardekar AV, et al. Management of osteoporosis in postmenopausal women: the 2021 position statement of The North American Menopause Society. Menopause. 2021 Sep 1;28(9):973-997.
5. Buckley L, Guyatt G, Fink HA, et al. 2017 American College of Rheumatology guideline for the prevention and treatment of glucocorticoid-induced osteoporosis. Arthritis Rheumatol. 2017;69(8):1521-1537.
6. Cosman F. Anabolic Therapy and Optimal Treatment Sequences for Patients With Osteoporosis at High Risk for Fracture. Endocr Pract 2020; 26:777.

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DISCLAIMER
This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.