

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Teriparatide (Forteo)

Notes:

- Quantity limits: Yes

Initiation (new start) criteria: Non-formulary **teriparatide (Forteo)** will be covered on the prescription drug benefit for 24 months when the following criteria are met:

- Prescriber is an Endocrinologist **-AND-**
- Any of the following clinical conditions
 - Osteoporosis requiring ongoing pharmacological treatment with prior long-term bisphosphonate use (more than 10 years oral or more than 6 years IV) **-OR-**
 - Low-trauma (fragility) fracture suffered while on bisphosphonates with bone turnover marker showing appropriate suppression **-OR-**
 - Severely reduced bone mineral density (t-score less than -3.5) at hip or spine **-OR-**
 - Significant history of vertebral compression fractures **-OR-**
 - Allergy to bisphosphonates and denosumab

Continued use criteria: Non-formulary **teriparatide (Forteo)** will not be covered on the prescription drug benefit beyond a cumulative 24 months (including all parathyroid hormone analogs: teriparatide and abaloparatide).