

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Forteo (teriparatide injection)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include alendronate, ibandronate and zoledronic acid QUANTITY LIMIT— 600 mcg/2.4 mL per month
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Forteo (teriparatide injection) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

OSTEOPOROSIS

For **initial** authorization:

1. Medication is intended to be used for one the following (see *Appendix* for details on risk factors for fracture for all indications):
 - a) Treatment of postmenopausal women with osteoporosis at high risk for fracture;
 - b) Treatment to increase bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture;
 - c) Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture (member has been taking ≥ 5 mg of prednisone (or equivalent) daily for ≥ 3 months); AND
2. Member's osteoporosis evidenced by one of the following:
 - a) Bone mineral density (BMD) T-score -2.5 or below in the lumbar spine, femoral neck, total, and/or 33% (one-third) radius;
 - b) Low-trauma spine or hip fracture (regardless of BMD);
 - c) Osteopenia or low bone mass (T-score between -1 and -2.5) with a fragility fracture of proximal humerus, pelvis, or possibly distal forearm;
 - d) Osteopenia or low bone mass and high FRAX® fracture probability (a 10-year probability for major osteoporotic fracture is $\geq 20\%$ or the 10-year probability of hip fracture is $\geq 3\%$); AND
3. Member does **not** have ANY of the following:
 - a) Uncorrected hypocalcemia;
 - b) Dental disease; AND
4. Member was instructed to take calcium 1,000 mg daily and at least 400 IU of vitamin D daily; AND
5. Member cannot take oral bisphosphonate therapies (i.e., alendronate and/or ibandronate) as evidenced by one or more of the following:
 - a) Esophageal dysmotility or varices;
 - b) Member is unable to stand or sit upright for 30-60 minutes;
 - c) Presence of anatomic or functional esophageal abnormalities that might delay tablet transit (e.g., achalasia, stricture, or dysmotility);
 - d) Presence of documented or potential GI malabsorption (e.g., gastric bypass procedures, celiac disease, Crohn's disease, infiltrative disorders, etc.);

- e) Member has experienced intolerance to or treatment failure of one or more bisphosphonate medications;
- f) Member has a history of non-adherence to oral bisphosphonate medications; AND
- 6. Member has had a documented trial and inadequate response to zoledronic acid.
- 7. **Dosage allowed:** 20 mcg daily.

Note: use of the drug for more than 2 years during a member’s lifetime is not recommended.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

- 1. Member meets all initial criteria; AND
- 2. Chart notes have been provided that show the member has shown an increase in bone mineral density.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Forteo (teriparatide injection) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Bone metastases from solid tumors
- Giant Cell Tumor of Bone
- Hypercalcemic disorder
- Multiple Myeloma
- Paget’s disease
- Pediatric and young adult members with open epiphyses
- Prior external beam or implant radiation involving the skeleton
- Skeletal malignancies

DATE	ACTION/DESCRIPTION
08/02/2019	New policy for Forteo created.

References:

1. Forteo [prescribing information]. Indianapolis, IN: Lilly USA, LLC; March, 2002.
2. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis – 2016. *Endocr Pract.* 2016;22(Suppl 4). Doi: 10.4158/EP161435.GL.
3. Watts NB, Adler RA, Bilezikian JP, et al. Osteoporosis in men: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2012;97(6):1802-1822. Doi: 10.1210/jc.2011-3045.
4. 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. Doi: 10.1002/art.40137.
5. Hadji P, Aapro MS, Body JJ, et al. Management of aromatase inhibitor-associated bone loss (AIBL) in postmenopausal women with hormone sensitive breast cancer: Joint position statement of the IOF, CABS, ECTS, IEG, ESCEO, IMS, and SIOG. *J Bone Oncol.* 2017;7:1-12. Doi: 10.1016/j.jbo.2017.03.001.
6. Tu KN, Lie JD, Wan CKV, et al. Osteoporosis: A Review of Treatment Options. *P&T.* 2018 Feb; 43(2): 92–104.
7. Porter JL, Varacallo M. Osteoporosis. StatPearls Publishing LLC. Bookshelf ID: NBK441901, PMID: 28722930. Available at: https://www.researchgate.net/profile/Matthew_Varacallo/publication/329717790_Osteoporosis/links/5c17f5314585157ac1ca042b/Osteoporosis.pdf?origin=publication_detail.



Effective date: 09/26/2019

Revised date: 08/02/2019

Appendix. Risk Factors for Fracture:

1. Prior fracture;
2. Age \geq 65;
3. Low body weight ($<$ 57.6 kg [127 lb]);
4. Family history of osteoporosis or fractures;
5. Smoking;
6. Early menopause;
7. Excessive alcohol intake (\geq 3 drinks daily);
8. Rheumatoid arthritis (confirmed diagnosis);
9. Secondary osteoporosis (e.g., type 1 diabetes, hypothyroidism, chronic liver disease);
10. Height loss (including unexplained) or kyphosis;
11. Patient's reliability, understanding, and willingness to accept interventions;
12. Glucocorticoid therapy equivalent to \geq 5 mg prednisone daily for 3 months or more;
13. Risk factors for falling*

*Risk factors for falling can be any of the following:

- Neurologic disorders (e.g., Parkinson disease, seizure disorder, peripheral neuropathy, prior stroke, dementia, impaired gait and/or balance, autonomic dysfunction with orthostatic hypotension);
- Impaired vision;
- Impaired hearing;
- Frailty and deconditioning;
- Proximal myopathy;
- Sarcopenia;
- Medications (e.g., sedatives and hypnotics, antihypertensive agents, narcotic analgesics);
- Environmental factors (e.g., poor lighting, stairs, slippery floors, wet, icy, or uneven pavement, uneven roadways, electric or telephone cords, walking large dogs, being tripped up by small dogs, throw rugs, positioning in a wet or dry bathtub).