

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide prior authorization criteria for Forteo®

STATEMENT OF THE POLICY

Health Alliance will cover Forteo®
for new starts only after appropriate B v D decisions have been made if the below criteria have been met:

PROCEDURES

1. Inclusion Criteria:

- 1.1 Documentation of a trial and failure to increase bone mass density after 2yrs treatment w risedronate or another bisphosphonate and raloxifene.
- 1.2 If there is a contraindication to a bisphosphonate, then documentation of a 2yr trial w raloxifene is required in females
- 1.3 2 year authorization only