

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 All approved FDA indications, not otherwise excluded from Part D.
- 1.2 Documentation of a trial and failure to increase bone mass density after three (3) month treatment with risedronate, or another bisphosphonate, and raloxifene.
- 1.3 If there is a contraindication to a bisphosphonate, then documentation of a three (3) month trial with raloxifene is required in females.
- 1.4 Two (2) year authorization only.
- 1.5 B v D decisions based on CMS Local Coverage Determinations .
http://www.wpsmedicare.com/part_b/policy/policy_active.shtml

2. Exclusion Criteria:

- 2.1 Patients who are at an increased risk for osteosarcoma, including those with Pagets Disease, unexplained elevations in serum alkaline phosphatase, prior skeletal radiation, or in children or young adults with open epiphyses.