Forteo®

Products affected

- Forteo® INJ 600MCG/2.4ML

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient's T-score must be provided.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Two years total therapy.
Other criteria	For diagnosis of osteoporosis (postmenopausal, primary or hypogonadal, or due to corticosteroids) the following criteria must be met: documented therapeutic trial with failure, contraindication, or intolerance (defined as creatinine clearance less than 35 mL/min, inability to remain upright for 30 minutes after dose, esophageal stricture (known stricture or dysphagia), significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to alendronate, risedronate, or ibandronate AND documented therapeutic trial with failure, contraindication, or intolerance (defined as significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to zoledronic acid (generic Reclast) or Prolia.