Texas Prior Authorization Program
Clinical Criteria

Forteo (Teriparatide)

Clinical Criteria Information Included in this Document

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- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References**: clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table

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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
FORTEO 600MCG/2.4ML PEN INJ	14404

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Clinical Criteria Logic

1. Is the client less than (<) 18 years of age or have an open epiphyses? [manual]
   [ ] Yes – Deny
   [ ] No – Go to #2

2. Does the client have a diagnosis of Paget's disease or primary hyperparathyroidism in the last 365 days?
   [ ] Yes – Deny
   [ ] No – Go to #3

3. Does the client have a diagnosis of osteoporosis in the last 730 days?
   [ ] Yes – Go to #4
   [ ] No – Deny

4. Has the client had 1 claim for teriparatide in the last 90 days?
   [ ] Yes – Go to #5
   [ ] No – Go to #6

5. Has the client had greater than or equal to (≥) 730 days of therapy in the last 5 years?
   [ ] Yes – Deny
   [ ] No – Approve (365 days)

6. Has the client had 1 claim for another medication for osteoporosis in the last 180 days?
   [ ] Yes – Approve (365 days)
   [ ] No - Deny

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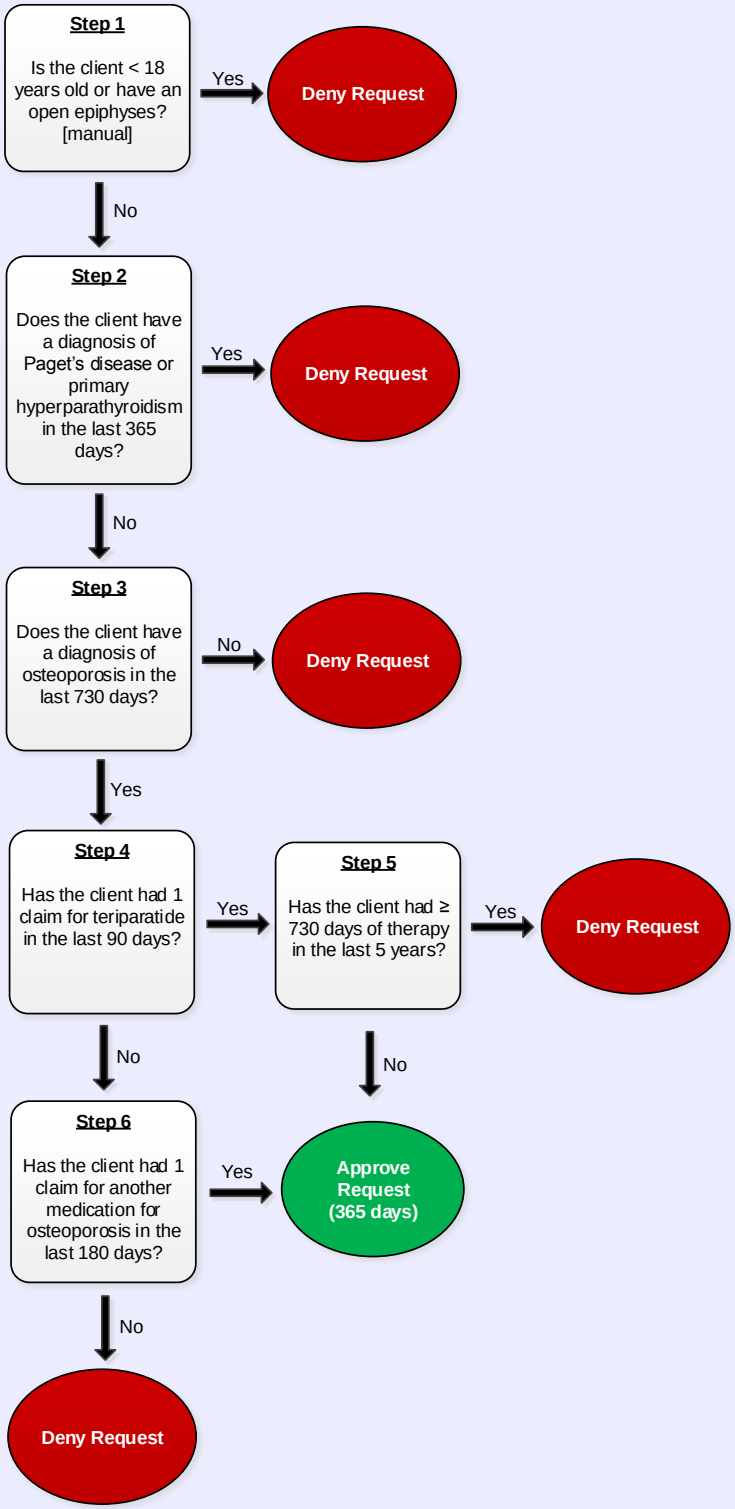
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Step 2 (history of Paget's disease or primary hyperparathyroidism) **Required quantity:** *1* **Look back timeframe:** *365 days*	
ICD-10 code	**Description**
M880	OSTEITIS DEFORMANS OF SKULL
M881	OSTEITIS DEFORMANS OF VERTEBRAE
M88811	OSTEITIS DEFORMANS OF RIGHT SHOULDER
M88812	OSTEITIS DEFORMANS OF LEFT SHOULDER
M88819	OSTEITIS DEFORMANS OF UNSPECIFIED SHOULDER
M88821	OSTEITIS DEFORMANS OF RIGHT UPPER ARM
M88822	OSTEITIS DEFORMANS OF LEFT UPPER ARM
M88829	OSTEITIS DEFORMANS OF UNSPECIFIED UPPER ARM
M88831	OSTEITIS DEFORMANS OF RIGHT FOREARM
M88832	OSTEITIS DEFORMANS OF LEFT FOREARM
M88839	OSTEITIS DEFORMANS OF UNSPECIFIED FOREARM
M88841	OSTEITIS DEFORMANS OF RIGHT HAND
M88842	OSTEITIS DEFORMANS OF LEFT HAND
M88849	OSTEITIS DEFORMANS OF UNSPECIFIED HAND
M88851	OSTEITIS DEFORMANS OF RIGHT THIGH
M88852	OSTEITIS DEFORMANS OF LEFT THIGH
M88859	OSTEITIS DEFORMANS OF UNSPECIFIED THIGH
M88861	OSTEITIS DEFORMANS OF RIGHT LOWER LEG
M88862	OSTEITIS DEFORMANS OF LEFT LOWER LEG
M88869	OSTEITIS DEFORMANS OF UNSPECIFIED LOWER LEG
M88871	OSTEITIS DEFORMANS OF RIGHT ANKLE AND FOOT
M88872	OSTEITIS DEFORMANS OF LEFT ANKLE AND FOOT
M88879	OSTEITIS DEFORMANS OF UNSPECIFIED ANKLE AND FOOT
M8888	OSTEITIS DEFORMANS OF OTHER BONES
M8889	OSTEITIS DEFORMANS OF MULTIPLE SITES
M889	OSTEITIS DEFORMANS OF UNSPECIFIED BONES
E210	PRIMARY HYPERPARATHYROIDISM

Step 6 (claim for other medication for osteoporosis) **Required quantity:** *1* **Look back timeframe:** *180 days*	
Label Name	**GCN**
ACTONEL 150MG TABLET	99637
ACTONEL 30MG TABLET	60511
ACTONEL 35MG TABLET	17378
ACTONEL 5MG TABLET	92238
ALENDRONATE SODIUM 10MG TABLET	21680
ALENDRONATE SODIUM 35MG TABLET	12389
ALENDRONATE SODIUM 40MG TABLET	21681
ALENDRONATE SODIUM 5MG TABLET	21682
ALENDRONATE SODIUM 70MG TABLET	85361
ALENDRONATE SODIUM 70MG/75ML	21109
ATELVIA DR 35MG TABLET	29223
BINOSTO 70MG TABLET EFF	33019
BONIVA 150MG TABLET	24444
CALCITONIN-SALMON 200 UNITS SPR	23281
ETIDRONATE DISODIUM 200MG TABLET	26420
ETIDRONATE DISODIUM 400MG TABLET	26421
EVISTA 60MG TABLET	59011
FORTICAL 200 UNITS NASAL SPRAY	23281
FOSAMAX 70MG TABLET	85361
FOSAMAX PLUS D 70MG-2800IU	24481
FOSAMAX PLUS D 70MG-5600IU	98437
IBANDRONATE SODIUM 150MG TABLET	24444
MIACALCIN 200 UNIT NASAL SPRAY	23281
PROLIA 60MG/ML SYRINGE	28656
RALOXIFENE HCL 60MG TABLET	59011
RISEDRONATE SODIUM 150MG TABLET	99637

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at **www.clinicalpharmacology.com**. Accessed on April 1, 2017.

2. Micromedex [online database]. Available at **www.micromedexsolutions.com**. Accessed on April 1, 2017.

3. Facts and Comparisons [online database]. Available at **www.online.factsandcomparisons.com**. Accessed on April 1, 2017.

4. 2015 ICD-9-CM Diagnosis Codes, Volume 1. 2015. Available at **www.icd9data.com**. Accessed on June 5, 2015.

5. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at **www.icd10data.com**. Accessed on June 5, 2015.

6. Forteo Prescribing Information. North Wales, PA. Teva Pharmaceuticals USA, Inc. October 2016.

7. Watts NB, Bilezikian JP, Camacho PM, et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis. Endocr Pract. 2010 Nov-Dec; 16(3):1-37. Available at: **www.aace.com**. Accessed June 5, 2015.

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9. Management of osteoporosis in postmenopausal women: 2010 position statement of The North American Menopause Society. Menopause. 2010 Jan-Feb;17(1):25-54. Available at: **www.menopause.org**. Accessed June 5, 2015.

RxPERT PAxpress

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Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/23/2015	Presented to DUR Board
08/06/2015	Initial publication and posting to website
11/04/2015	Updated Step 6 (numbered incorrectly) in the supporting tables
12/13/2016	Updated references, page 7
05/08/2017	Annual review by staff Updated references, page 7
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table