

Fiscal Year 2009 Annual Review of Forteo® (Teriparatide)
Oklahoma Health Care Authority
April 2010

Prior Authorization Criteria

- Members already stabilized on Forteo should be approved for continued coverage without being required to stop and try some other agent.
- New start members must meet all of the following criteria:
 - Member must be:
 - ✓ A postmenopausal woman at high risk for fracture (T-score at or below -2.5) or who cannot tolerate, is allergic to, or has failed to improve while using other agents, or
 - ✓ A man with primary or hypogonadal osteoporosis at high risk for fracture (T-score at or below -2.5) or who cannot tolerate, is allergic to, or has failed to improve while using other agents.
 - There must be an appropriate ICD-9 code/diagnosis of osteoporosis.
 - No concurrent use of Forteo® with other osteoporosis agents is covered (unless more clinical research information which supports the safety and efficacy of such use becomes available).
 - There must have been at least a 12 month trial with any one other agent (unless contraindicated, intolerant, or allergic) and a BMD (T-score at or below -2.5) test within the last month (results should be indicated on the petition).
- PA approval should be given for 1 year, with a maximum total coverage period of 2 years (since Forteo has not yet been proven to be safe and efficacious for longer than 2 years).

Clinical Considerations

- Parathyroid Hormone treatment may cause leg cramps and dizziness.
- Contraindicated in the presence of osteosarcoma(Paget's disease, radiationtherapy of bone, bone metastases, hypercalcemia)
- Animal studies show potential osteosarcoma risk. As a result the medication guide states Forteo® should not be used beyond 2 years.

Utilization

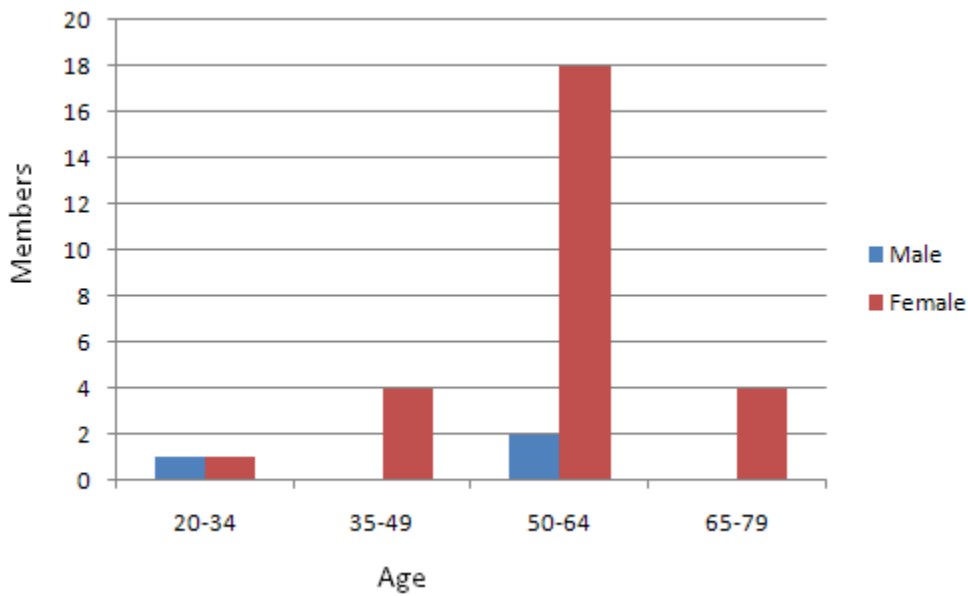
For the period of July 2008 through June 2009 a total of 30 members received Forteo[®] through the SoonerCare program.

FY 2008 versus FY 2009			% Change
Paid FY '09		\$137,697.93	10.7 ↓
	<i>Paid FY '08</i>	<i>\$154,220.29</i>	
Claims FY '09		170	19.0 ↓
	<i>Claims FY '08</i>	<i>210</i>	
Per Diem FY '09		\$28.46	9.6 ↑
	<i>Per Diem FY '08</i>	<i>\$25.97</i>	
Members FY '09		30	9.1 ↓
	<i>Members FY '08</i>	<i>33</i>	

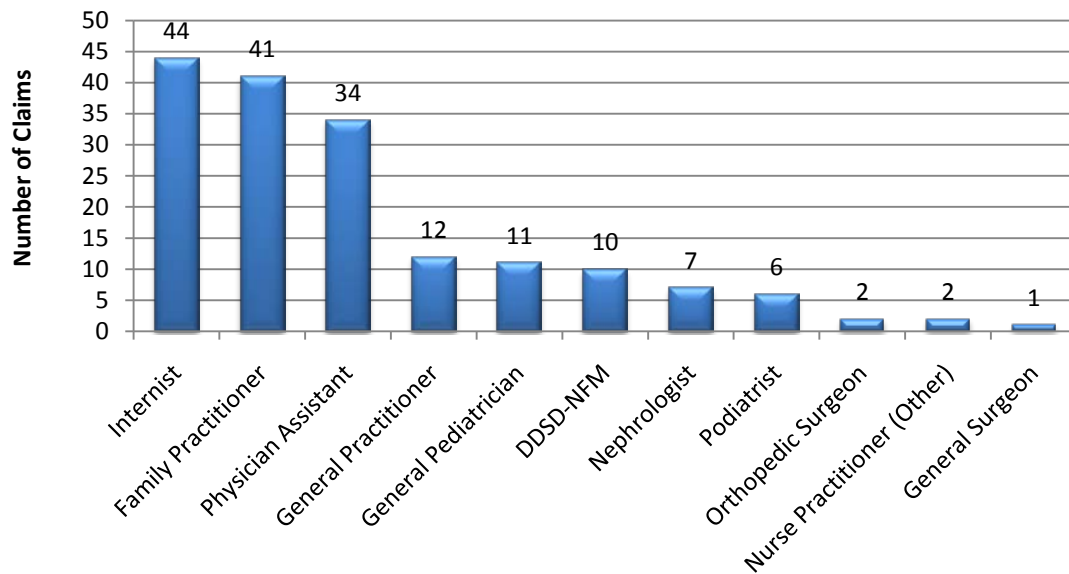
Total petitions submitted in for this category during FY09: n=71

Approved	35
Denied	10
Incomplete	26

Members Age/Gender FY09



Top Ten Prescriber Specialty by Number of Claims (n=170)



Conclusions and Recommendations

The College of Pharmacy recommends no changes at this time. Forteo[®] (teriparatide) has been added to the Osteoporosis Product Based Prior Authorization Category as a Tier 3 medication during fiscal year 2010. Please look to the Osteoporosis PBPA Category for future monitoring and utilization information of this medication.