



For **initial** authorization:

1. Member is a male 18 years of age or older; AND
2. Medication is being used to treat osteoporosis; AND
3. Member is at high-risk for fracture as evidenced by one of the following:
 - a) Hip or vertebral fracture without major trauma
 - b) BMD of the spine, femoral neck, and/or total hip is 2.5 SD or more below the mean of normal young white males (T-score -2.5 or less)
 - c) T-score ≤ -2.5 AND
4. Member has had an inadequate response to at least 12 months of an oral bisphosphonate (e.g., alendronate, risedronate) or an IV bisphosphonate (e.g., zoledronic acid (Reclast)), unless not tolerated or contraindicated; AND
5. The total length of treatment for parathyroid hormone analogs (abaloparatide, teriparatide) has not exceeded 24 months; AND
6. For Forteo requests, trial and failure of teriparatide.
7. **Dosage allowed/Quantity limit:** 20 mcg subcutaneously once daily (1 pen per 28 days)

If all the above requirements are met, the medication will be approved for up to 24 months.

For **reauthorization**:

1. Treatment beyond 24 months will not be authorized.

Glucocorticoid-Induced Osteoporosis

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Medication is being used to treat Glucocorticoid-induced osteoporosis in a member who is initiating or continuing systemic glucocorticoids equivalent to daily 7.5 mg or greater of prednisone and will remain on therapy for at least 6 months; AND
3. Member is at high-risk for fracture as evidenced by at least one of the following:
 - a) Prior osteoporotic fragility fracture(s)
 - b) Postmenopausal female or male age 50 and older with hip or spine bone mineral density (BMD) T-score ≤ -2.5 or below
 - c) Age 40 or older with FRAX 10-year risk of:
 - i) Major osteoporotic fracture of 20% or above; OR
 - ii) Hip fracture of 3% or above; AND
4. Member has had an inadequate response to at least 12 months of an oral bisphosphonate (e.g., alendronate, risedronate) or an IV bisphosphonate (e.g., zoledronic acid (Reclast)), unless not tolerated or contraindicated; AND
5. The total length of treatment for parathyroid hormone analogs (abaloparatide, teriparatide) has not exceeded 24 months; AND
6. 56(d)-14()-7(a)56(n)-14()-7(i)8(n)-14(a)56(d)-14(e)] TJ ET Q -14()62F2 11.8249.6.675 130.52 526.

