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Osteoporosis Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.

Standard Requirements

- ☐ Diagnosis of osteoporosis:
  - Postmenopausal women with osteoporosis at high risk for fracture
  - Men with primary or hypogonadal osteoporosis at high risk for fracture
  - Patients with glucocorticoid-induced osteoporosis at high risk for fracture
- ☐ Documentation of pre-treatment T-score ≤ -2.5 plus a fragility fracture (≤ -3.5 without fractures with some insurances)
- ☐ Indicators of higher fracture risk:
  - Pre-treatment FRAX score: major osteoporotic fracture ≥ 20% or hip fracture ≥ 3% (if T-score is ≤ -1 but > -2.5)
  - Smoking/alcohol status, family history of hip fracture, glucocorticoid use, arthritis, femoral neck BMD
  - Secondary osteoporosis to T1DM, hyperthyroidism, chronic liver disease, premature menopause, etc.
- ☐ History of an osteoporotic low trauma fracture of the spine, hip, proximal humerus, pelvis, or distal forearm
- ☐ Inadequate response, intolerance or contraindication to antiresorptive agents such as bisphosphonates (Fosamax®, Actonel®, Boniva®, Reclast®), denosumab (Prolia®), or selective estrogen receptor modulators (Evista®)
  - Document drug, date, and duration of trial
  - Document if the patient has a history of esophageal disorders (GERD, ulcers), difficulty swallowing, renal insufficiency (CrCl <30 mL/min) or inability to sit upright or stand for 30 minutes
- ☐ For glucocorticoid-induced osteoporosis: patient must be receiving or will be initiating glucocorticoid therapy equivalent to prednisone ≥ 5mg/day for ≥ 3 months
- ☐ Provide duration of therapy for Evenity® or parathyroid hormone (PTH) analogs (e.g., Forteo®, Tymlos®), especially for renewals. Total treatment duration must NOT exceed 12 months for Evenity® or 24 months for PTH analogs during the patient's lifetime
- ☐ For Evenity® approval, patients must NOT have hypocalcemia, history of myocardial infarction or stroke in the last year, or concurrent PTH analog or denosumab therapy
- ☐ For PTH analog approval, patients must NOT have increased baseline risk for osteosarcoma, Paget's disease, unexplained elevations in alkaline phosphatase, open epiphyses (i.e., pediatric or young adult patients), prior bone radiation, bone metastases or a history of skeletal malignancies, metabolic bone disease other than osteoporosis, pre-existing hypercalcemia, or concurrent PTH analog therapy

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