

PREAUTHORIZATION FORM
 Forteo™ (teriparatide [rDNA origin] injection)

Therapeutic use: Forteo is indicated for treatment of postmenopausal osteoporosis, in male primary or hypogonadal osteoporosis, or in glucocorticoid-induced osteoporosis.

Authorization Period: 12 months; quantity limitation of 1 pen per month.

Patient's name _____

Patient's ID# DOB / /

ICD-9

Physician's name _____

Physician's Ph# (Fax#

Physician's signature _____ Date signed / /

Please check "Yes" or "No" or answer the following questions:

1.	Please mark the diagnosis below. <input type="checkbox"/> Osteoporosis (as defined by a T-score of ≤ -2.5) <input type="checkbox"/> Osteopenia (as defined by a T-score between -1.0 and -2.5 at the femoral neck or spine)							
2.	Has the patient been on bisphosphonate therapy for a duration of at least 1 year and experienced a fragility fracture? Please mark the location of the fracture. <input type="checkbox"/> Wrist <input type="checkbox"/> Hip <input type="checkbox"/> Spine <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
3.	Does this patient have intolerance to bisphosphonate therapy? Please mark and explain reasons for intolerance below. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Reasons for intolerance:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Intolerance due to musculoskeletal pain</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>	Reasons for intolerance:	<input type="checkbox"/> Intolerance due to musculoskeletal pain	<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Reasons for intolerance:								
<input type="checkbox"/> Intolerance due to musculoskeletal pain								
<input type="checkbox"/> Other _____								

4.	Is this therapy: <input type="checkbox"/> New or a <input type="checkbox"/> Continuation Start Date: ____/____/____
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- Limit treatment to 2 years: safety and efficacy have not been evaluated beyond 2 years of treatment.
- Forteo should not be prescribed for patients at increased baseline risk for osteosarcoma.

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

SelectHealth Pharmacy Services will **require** a WHO Fracture Risk Assessment (FRAX) to be performed for patients that are **diagnosed with osteopenia** (as defined by T-scores between -1.0 and -2.5) **for consideration of preauthorization review for intravenous therapy with Reclast (zoledronic acid injection) or Boniva (ibandronate sodium injection).**

The World Health Organization has implemented the Fracture Risk Assessment Tool (FRAX) to better improve identification of patients at high risk of fracture for treatment based on a patient's risk factors such as age, sex, previous fractures, and parents' history of hip fractures, smoking, glucocorticoid use, rheumatoid arthritis and number of alcoholic drinks per day.ⁱ The FRAX algorithm then provides a figure indicating a ten-year fracture probability as a percentage, which gives guidance for determining access to treatment in healthcare systems. **For further information about FRAX and to access the on-line calculation tool or to obtain paper copies of the assessment tool go to www.shef.ac.uk/FRAX/.**

The Annals of Internal Medicine published a systematic review, developed under the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program, on agents available to treat osteoporosis.ⁱⁱ The review compares the benefits in fracture reduction and the harms from adverse events of various therapies for osteoporosis in men and women with low bone density or osteoporosis. The review reported that within the nitrogen-containing bisphosphonates (alendronate, ibandronate, risedronate, and zoledronic acid), based on available evidence at the time of the review, it was insufficient to determine the relative superiority of any agent or whether the agents were more effective in some populations than others. Currently there are no trials with head-to-head comparisons using two or more agents that have enrolled sufficient sample sizes to detect large differences in risk.

ⁱ FRAX WHO Fracture Risk Assessment Tool. Available at: <http://www.shef.ac.uk/FRAX/index>. Accessed February 2010.

ⁱⁱ MacLean C, Alexander A, Carter J, et al. *Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density or Osteoporosis*. Comparative Effectiveness Review No. 12 (Prepared by Southern California/RAND Evidence-based Practice Center under Contract No. 290-02-0003). Rockville, MD: Agency for Healthcare Research and Quality, December 2007. AHRQ Publication No. 08-EHC008-1. Available at: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=73&pageaction=displayproduct>.