

Parathyroid Hormone Analogs



Included Products: Tymlos (abaloparatide)

Created: 11/20/2009

Revised: 03/09/2023

Reviewed: 09/14/2023

Updated: 10/01/2023

All Diagnoses			
Initial Criteria		If yes	If no
1.	Does the member have any of the following exclusionary criteria that places them at increased baseline risk for osteosarcoma: Paget's disease of bone, unexplained elevations of alkaline phosphatase, open epiphyses, or prior external beam or implant radiation therapy involving the skeleton)?	Do not approve.	Continue to #2.
2.	Is the member a male or a post-menopausal female with ONE of the following: <ul style="list-style-type: none"> a. Radiographic evidence of an osteoporotic fracture while compliant on a bisphosphonate for at least 12 months. b High risk of AND a) documented adverse event with a bisphosphonate despite proper administration or b) contraindication to bisphosphonate. 	Continue to #5.	Continue to #3.
3.	Is the member a male or female with steroid-induced osteoporosis and ALL of the following: <ul style="list-style-type: none"> a. Steroid use for > 3 months at a dose of 5mg/d prednisone (or equivalent), and b. BMD T-score < -2.5, and c. ONE of the following: <ul style="list-style-type: none"> i. Radiographic evidence of an osteoporotic fracture while compliant on a bisphosphonate¹ for at least 12 months. ii. Documented adverse event with a bisphosphonate despite proper administration or contraindication to bisphosphonate. 	Continue to #5.	Continue to #4.

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4.	<p>Is the member a male with a diagnosis of primary or hypogonadal osteoporosis and ALL of the following:</p> <ul style="list-style-type: none"> a. History of osteoporotic fracture with radiographic evidence b. Multiple fracture risk factors c. Compliant on bisphosphonate¹ for ≥ 12 months or history of a serious adverse event despite proper administration or contraindication to bisphosphonate therapy. 	Continue to #5.	Do not approve.
5.	Has the member tried and failed or have a contraindication to Prolia?	Continue to #6.	Do not approve.
6.	Approve for 2 years.		