Reference number(s)
3361-A

Standard Medicare Part B Management teriparatide-Forteo-Bonsity

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Forteo	teriparatide
Bonsity	teriparatide
Teriparatide (branded generic)	teriparatide

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1-5]

Indicated for:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture (defined herein as having a history of osteoporotic fracture or multiple risk factors for fracture) or who have failed or are intolerant to other available osteoporosis therapy.
- Increase of bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy.
- Treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy (daily dosage equivalent to 5 mg or greater of prednisone) at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this coverage criteria section should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Osteoporosis Treatment[1-5]

Authorization of 12 months may be granted for the treatment of osteoporosis in men or postmenopausal women at high risk for fracture.

Glucocorticoid-Induced Osteoporosis[1-5]

Authorization of 12 months may be granted for the treatment of glucocorticoid-induced osteoporosis in members who are at high risk for fracture.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested drug.
- The requested drug is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - Disease stability, or
    - Disease improvement

Other

The cumulative duration of parathyroid hormone analogs (teriparatide and abaloparatide) will not exceed a total of 24 months in the member's lifetime unless the member remains at or has returned to having a high risk for fracture.

Summary of Evidence

The contents of this policy were created after examining the following resources:

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

- The prescribing information for Forteo, Bonsity, and teriparatide.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Forteo and teriparatide are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

1. Forteo [package insert]. Indianapolis, IN: Eli Lilly and Company; June 2025.
2. Bonsity [package insert]. Morristown, NJ: Alvogen, Inc.; June 2025.
3. Teriparatide [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; September 2024.
4. Teriparatide [package insert]. Morristown, NJ: Alvogen, Inc.; May 2025.
5. Teriparatide [package insert]. Weston, FL: Apotex Corp.; July 2025.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.