

Reference number(s)
3284-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input type="checkbox"/>
Standard Control Choice (SCCF)	<input type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input type="checkbox"/>
Advanced Control Specialty Choice (ACSCF)	<input type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input checked="" type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA)	<input type="checkbox"/>
Aetna Health Exchange (AHE)	<input type="checkbox"/>
Value (VF)	<input type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Combined Benefit Management (CBM)	<input type="checkbox"/>
Combined Benefit Management Pharmacy (CBMP)	<input type="checkbox"/>
Medical Benefit Managed Medicaid (MMMB)	<input type="checkbox"/>

# Exceptions Criteria

## Osteoporosis

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Marketplace Formulary (MF).

### Plan Design Summary

This program applies to the osteoporosis products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with Forteo, Teriparatide (branded generic), or generic teriparatide. This program applies to members who are initiating a new treatment regimen with Evenity.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

### Table. Osteoporosis Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

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	Product(s)
Preferred	<ul style="list-style-type: none"> <li>Tymlos (abaloparatide)</li> </ul>
Target	<ul style="list-style-type: none"> <li>Evenity (romosozumab-aqqg)</li> <li>Forteo (teriparatide)</li> <li>Teriparatide (branded generic)</li> <li>teriparatide (generic)</li> </ul>

## Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

### Postmenopausal Osteoporosis

Coverage for a targeted product is provided when any of the following criteria is met:

- There is documentation that the member is currently undergoing treatment with the targeted product Evenity, and coverage is required to complete the current course of treatment.
- Member has a documented inadequate response, intolerable adverse event, or contraindication to the preferred product Tymlos (e.g., cumulative treatment with Tymlos exceeding 24 months in a patient’s lifetime).

### Increase Bone Mass in Men with Osteoporosis

Coverage for Forteo, Teriparatide (branded generic), or generic teriparatide is provided when the member has a documented inadequate response, intolerable adverse event, or contraindication to the preferred product, Tymlos (e.g., cumulative treatment with Tymlos exceeding 24 months in a patient’s lifetime).

### Glucocorticoid-Induced Osteoporosis and Hypogonadal Osteoporosis

Member will be using the targeted products, Forteo, Teriparatide (branded generic), or generic teriparatide for treatment of glucocorticoid-induced osteoporosis or hypogonadal osteoporosis.

## References

- Evenity [package insert]. Thousand Oaks, CA: Amgen Inc.; October 2024.
- Forteo [package insert]. Indianapolis, IN: Lilly USA, LLC; June 2025.
- Teriparatide [package insert]. Morristown, NJ: Alvogen, Inc.; December 2024.
- Teriparatide [package insert]. Indianapolis, IN: Eli Lilly and Company.; June,2025.
- Tymlos [package insert]. Boston, MA: Radius Health, Inc.; March 2025.