

FORTEO PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year (maximum of two approvals or years of total therapy)

PA CRITERIA:

- ❖ Member must be 18 years of age or older and meet one of the conditions below.
- ❖ Approvable for the treatment of osteoporosis in members who were intolerant to or failed treatments with at least one other medication for the treatment of osteoporosis
- ❖ Approvable for the treatment of glucocorticoid-induced osteoporosis in members on sustained systemic glucocorticoid therapy and at high risk for fractures and the patient is intolerant or failed treatment with at least one other medication for the treatment of osteoporosis.
- ❖ Approvable for the treatment of severe ongoing bone loss in members who are at high risk for fractures
- ❖ Approvable for the treatment of hypoparathyroidism in members who are under the care of an endocrinologist

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.