

## OSTEOPOROSIS

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Teriparatide	Forteo	250 mcg/mL - 3 mL prefilled pen  250 mcg/mL 2.4 mL prefilled pen	<p>For the treatment of osteoporosis in patients who meet the following criteria;</p> <ul style="list-style-type: none"> <li>• 65 years of age or older who are mobile; <b>AND</b></li> <li>• Patient is at high risk of fragility fractures*; <b>AND</b></li> <li>• Patient who has osteonecrosis of the jaw due to an anti-resorptive agent <b>OR</b> who has atypical femur fracture due to an anti-resorptive agent. (Note: One of the two conditions must be present.)<sup>1</sup></li> </ul> <p>*High risk for fragility fractures is defined as :</p> <ul style="list-style-type: none"> <li>• A bone mineral density (BMD) T-score less than or equal to -3; <b>AND</b></li> <li>• Prior fragility fracture</li> </ul> <p>Note: Requesting physicians must include a copy of the BMD report with the EAP request</p> <p>Requests meeting criteria will be funded for 24 months. It should be noted that renewals are NOT considered. (As noted in the product monograph, the maximum life time exposure to an individual patient is 24 months)</p> <p><sup>1</sup>No other contraindications to anti-resorptive therapies will be considered for funding.</p>	<p>Total approval duration of 24 months will be provided.</p> <p>Renewals are not considered.</p>