Mass General Brigham
Health Plan

# Parathyroid Hormone Analogs:
# Bonsity (teriparatide)
# Teriparatide (Alvogen)
# Tymlos (abaloparatide)
# Effective 07/01/2026

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|---|---|---|---|
| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit | | |
| **Specialty Limitations** | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. | | |
| **Contact Information** | **Medical Benefit**<br>**Pharmacy Benefit** | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029 |
| **Exceptions** | N/A | | |

**Overview**

Tymlos (abaloparatide) injection is a human parathyroid hormone related peptide [PTHrP(1-34)] is indicated for:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture (defined as a history of osteoporotic fracture or multiple risk factors for fracture), or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, Tymlos reduces the risk of vertebral fractures and nonvertebral fractures
- Increase bone density in men with osteoporosis at high risk for fracture (defined as a history of osteoporotic fracture or multiple risk factors for fracture), or patients who have failed or are intolerant to other available osteoporosis therapy.

Teriparatide injection is a parathyroid hormone analog (PTH 1-34) indicated for:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture or patients 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 patients who have failed or are intolerant to other available osteoporosis therapy
- Treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture or patients who have failed or are intolerant to other available osteoporosis therapy

Teriparatide from the Alvogen manufacturer and Bonsity (teriparatide) are on the formulary. All other teriparatide products (including Forteo) are nonformulary.

**Coverage Guidelines**

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted for members when all of the following criteria are met:

**Bonsity, Teriparatide (Alvogen), Tymlos**

1. One of the following diagnoses:
    a. Postmenopausal osteoporosis or osteopenia
    b. Primary or hypogonadal osteoporosis or osteopenia
2. Member meets ONE of the following:
    a. BOTH of the following:
        i. Bone mineral density (BMD) T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site)
        ii. ONE of the following:
            1. History of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or forearm
            2. Trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, denosumab [Jubbonti, Stoboclo, Enoby])
    b. BOTH of the following:
        i. BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site)
        ii. ONE of the following:
            1. History of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or forearm
            2. BOTH of the following:
                a. Trial and failure contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, denosumab [Jubbonti, Stoboclo, Enoby])
                b. One of the following FRAX (Fracture Risk Assessment) 10-year probabilities (Appendix A):
                    i. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions
                    ii. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions
    c. History of fragility fracture (e.g., hip or spine), regardless of BMD

**<u>Continuation of Therapy</u>**

Requests for reauthorization will be approved when all of the following criteria are met:

1. Member meets ONE of the following:
    a. Member has been treated for less than 24 months, has experienced clinical benefit (e.g., no new fractures on radiography, improvement or stabilization in T-score compared with the previous bone mass measurement) and member has not experienced clinically significant adverse events during therapy
    b. Member has been treated for 24 months or more and remains at or has returned to being at a high risk for facture

**Limitations**

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

| Drug Name and Dosage Form | Quantity Limit |
|---|---|
| Bonsity pen | 1 pen per 28 days |

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|---|---|
| Teriparatide (Alvogen) pen | 1 pen per 28 days |
| Tymlos pen | 1 pen per 30 days |

**Appendix**

**Appendix A. WHO Fracture Risk Assessment Tool**

- High FRAX fracture probability: 10-year major osteoporotic fracture risk ≥ 20% or hip fracture risk ≥ 3%.
- 10-year probability; calculation tool available at: https://www.sheffield.ac.uk/FRAX/
- The estimated risk score generated with FRAX should be multiplied by 1.15 for major osteoporotic fracture (including fractures of the spine (clinical), hip, wrist, or humerus) and 1.2 for hip fracture if glucocorticoid treatment is greater than 7.5 mg (prednisone equivalent) per day.

**References**


1. Bonsity (teriparatide) [prescribing information]. Morristown, NJ: Alvogen, Inc.,; January 2025.
2. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis–2020 update. *Endocr Pract*. 2020;26(suppl 1):1-46. doi:10.4158/GL-2020-0524SUPPL
3. Eastell R, Rosen CJ, Black DM, Cheung AM, Murad MH, Shoback D. Pharmacological management of osteoporosis in postmenopausal women: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2019;104(5):1595-1622
4. Teriparatide [prescribing information]. Morristown,NJ: Alvogen, Inc.; December 2024.
5. Tymlos (abaloparatide) [prescribing information]. Boston, MA: Radius Health Inc; December 2021March 2025.


**Review History**

06/22/2022: Created and Reviewed June P&T, combined Forteo, Teriparatide & Tymlos into one custom document, renaming document to Parathyroid hormone analogs, updated approval durations to a total of 24 months; started and stabilized statement now includes “members who have received less than 24 months of treatment”; removed reauthorization approvals, removed Bonsity from document (obsolete). Effective 9/01/2022.

04/15/2026 – Reviewed and updated at April P&T. Updated language for members who are new to the Plan. Removed Forteo and generic teriparatide from the policy and added Bonsity to the policy. Indicated that teriparatide from Alvogen manufacturer is preferred. Updated criteria for Bonsity, teriparatide (Alvogen) and Tymlos to align, requiring diagnosis, BMD of osteoporosis with either history of fracture or trial and failure with osteoporosis treatment, or BMD indicative of osteopenia and either history of fracture or trial and failure with osteoporosis treatment with high FRA 10-year risk probabilities, or history of fragility fracture. Updated reauthorization criteria to require that the member requires treatment beyond 24 months. Updated approval length to 12 months. Updated reauthorization criteria to require attestation for members being treated for more than 24 months that the member has returned to or remains at a high risk of fracture. Effective 07/01/2026.