

Reference number(s)
2377-H

SPECIALTY QUANTITY LIMIT PROGRAM

FORTEO, BONSIITY (teriparatide)

I. PROGRAM DESCRIPTION

The initial limit is designed to allow a quantity sufficient for the most common uses of the medication. The recommended dosing parameters for the treatment of all FDA-approved indications fall within the initial limits. Coverage of an additional quantity may be reviewed on a case-by-case basis upon request.

II. COVERED QUANTITIES

Medication	Standard Limit	FDA-recommended dosing
Forteo (teriparatide) 600 mcg/2.4 mL (250 mcg/mL) pen	1 pen per 28 days	20 mcg subcutaneously once daily
Bonsity (teriparatide) 620 mcg/2.48 mL (250 mcg/mL) pen	1 pen per 28 days	

III. REFERENCES

1. Forteo [package insert]. Indianapolis, IN: Eli Lilly and Company; October 2016.
2. Bonsity [package insert]. San Diego, CA: Pfenex, Inc.; October 2019.