

NYRx Drug Class Coverage Overview: Parathyroid Hormone Analogs

June 1, 2026

NYRx Drug Utilization Review Program

Parathyroid Hormone Analogs are subject to prior authorization (PA) criteria under the [NYRx Drug Utilization Review \(DUR\) Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Parathyroid Hormone Analogs <ul style="list-style-type: none"> teriparatide (Forteo® ^{BLT}, Bonsity®) abaloparatide (Tymlos®) 	<ul style="list-style-type: none"> Requires a trial with a preferred oral bisphosphonate 	QUANTITY LIMIT: Forteo®, Bonsity®: <ul style="list-style-type: none"> One unit per 28-day period Tymlos®: <ul style="list-style-type: none"> One unit per 30-day period LIFETIME QUANTITY LIMIT: <ul style="list-style-type: none"> 25 months' cumulative use of a PTH analog 	

Prior Authorization Requirements

Within the Parathyroid Hormone Analogs, teriparatide is available as Forteo, Bonsity, or teriparatide.

Forteo® is a part of the [NYRx Brand Less Than Generic Program](#). In conformance with State Education Law, a pharmacist shall dispense a less expensive, therapeutically equivalent drug containing the same active ingredients, dosage form, and strength as the drug prescribed/ordered.

A claim for a generic formulation of Forteo should not be submitted to NYRx unless the member meets one of the following requirements. A prior authorization will be required if:

- Member is allergic to an inactive ingredient in the brand medication.
- Brand medication is on a confirmed backorder by the manufacturer. Or,
- Member has a better therapeutic outcome with the generic product compared to the brand name product.

Bonsity® is a non-interchangeable biosimilar of Forteo. Biosimilars are biologic therapies that closely resemble an FDA-approved reference product and exhibit no clinically meaningful differences in safety, purity, or effectiveness compared to the original brand-name drug.

Prior Authorization Requirements

Parathyroid Hormone Analogs are subject to the following prior authorization requirements:

Step Therapy (ST) Parameters

Drugs in this drug class are subject to the following Step Therapy requirements:

- Requires a trial with a preferred oral bisphosphonate

Frequency/Quantity/Duration

Drugs in this drug class are subject to the following Quantity Limits:

- teriparatide (Forteo®, Bonsity®)
 - Quantity Limit: One unit per 28-day period
- abaloparatide (Tymlos®)
 - Quantity Limit: One unit per 30-day period

Lifetime quantity limits apply to the entire drug class:

- Lifetime Quantity Limit: 25 months' cumulative use of a PTH analog

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with Parathyroid Hormone Analog coverage criteria parameters in the [DUR](#) program and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with Parathyroid Hormone Analog coverage criteria parameters in the [DUR](#) program and incorporate this information when prescribing for Medicaid members.

Resources

- [NYRx Drug Utilization Review \(DUR\) Program](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Prior Authorization Submission Guide](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.