Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Miacalcin™ (calcitonin intranasal)

Review Criteria

Member must meet all the following criteria specific to diagnosis:

**Osteoporosis:**

- Member must have osteoporosis
- Member must have had past failure or contraindication to bisphosphonates
  - If member is unable to tolerate oral bisphosphonates due to esophageal or gastrointestinal complications, provider may want to consider intravenous bisphosphonate.

**Chronic Bone Pain:**

- Member must have bone pain secondary to metastatic disease

**Acute Fractures:**

- Member must have bone pain secondary to recent acute fracture
- Maximum approval duration is 2 months