



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