

BASELINE TERIPARATIDE PATIENT PRIOR APPROVAL FORM

In accordance with the contract between Oxford University Hospitals Trust and Oxfordshire CCG, treatment with teriperatide in line with NICE Technology Appraisal 161 "Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriperatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women" should not be commenced until prior approval has been agreed by the Oxfordshire Medicines Management Team.

All boxes must be completed. Where the information is unavailable please put N/A.

Patient Details

Name:						
Sex:						
Date of birth:						
NHS number:						
Hospital number						
OUH clinician requesting initiation of treatment						
GP Practice						
Anticipated date to commence treatment with teriperatide:						
Clinical Details						
1. Age at menopause:						
2. Date of diagnosis of osteoporosis						
3. Baseline bone mineral density and site at diagnosis						
4. Contraindications to teriperatide treatment?						
Prior radiotherapy	Yes	No				



T			
Hyperparathyroid	sm		
Paget's disease	90-11-		
Active/recent urol			
Skeletal malignar	cy/ bone metast	ases	
Renal function			
Sr Cr			
Calc CrCl A CrCl of 30ml/min usually contraindica			
teriperatide			
Alkaline phosphate	ase		
Serum Calcium			
Caution:			
ls patient taking dig	goxin?		
5. Previous osteo	porosis therapy	<i>'</i>	
	Date started	Date stopped	Reason for discontinuation or for never starting
Alendronate			
Risedronate			
Etidronate			
Strontium ranela	te		
Denosumab			
Other (please na	me)		
6. Fracture Histor	y – non-spinal f	ractures	
Fracture site	Date of fractu	ıre Was	s it a fragility fracture as defined by NICE i.e.
Non spinal s		susta force	ained as the result of a force equivalent to the e of a fall from a height equal to, or less than, that
		ot ar	n ordinary chair?



7. Spinal Fractures				
		Data of fue	atura (# lua aura)	Data of V you data stick (if
Site of spinal fracture		Date of fracture (if known)		Date of X-ray detection (if known)
8. Bone Mineral Dens	sity (DXA) s	cores		
Site	Date		T Score	
Spine L1 – L4				
Femoral Neck				
I emoral Neck				
Total Hip				
·				
For patients over 75 ye	ears who ha	ve NFVFR	had the BMD measi	ured
state why this is and a	lso indicate	clinical risk	factors	
Measurement inappro	opriate or	Reason	<u> </u>	
unfeasible		rtodoon		
Parental history of hip	o fracture			
Alcohol intake of 4 or daily	more units			
Rheumatoid arthritis				
Indicators of low BMI)			



9 Calcium and vitamin D status
10. Other relevant clinical data including secondary causes of osteoporosis (drugs and medical conditions – please give length of history)
If Patient does NOT fulfil NICE criteria and you consider that there are grounds for seeking funding as an exception to the criteria you must additionally complete an Individual Funding Request Form which is available from priorities.oxfordshirepct@nhs.net
Note; For funding on the basis of 'exceptionality' you must answer the question – "why should this patient be funded for treatment when others with a broadly similar condition would not be".