**Pharmacy Prior Authorization**
**Clinical Guidelines - Injectable Osteoporosis Medications**

**Prolia® (denosumab)**

Zoledronic Acid Evenity® (romosozumab-aqqg)

Formulary Agents: Prolia

Non-Formulary agents: Require trial and/or failure of ALL Formulary agents, where indicated

Zoledronic acid, Prolia: Treatment of Osteoporosis in Postmenopausal Women and Men

Evenity: Treatment of Osteoporosis in Postmenopausal Women only

## Authorization Guidelines:

- Member will be supplemented with adequate calcium and vitamin D
- Member does not have contraindication to requested drug.
  - Prolia: Member is not pregnant and does not have hypocalcemia
  - Zoledronic acid: Member does not have hypocalcemia, creatinine clearance less than 35mL/min, or acute renal impairment
  - Evenity: Member does not have hypocalcemia, or myocardial infarction or stroke within preceding year

**Treatment of Osteoporosis in Postmenopausal Women:** Prolia, zoledronic acid, Evenity

- Diagnosis of osteoporosis with T-score less than -2.5, or fragility fracture at hip, spine, wrist, arm, rib, or pelvis; OR
- T-score between -1.0 and -2.5 and high risk for osteoporosis fracture
  - Fracture Risk Assessment Tool (FRAX) risk of greater than or equal to 3.0% for hip fracture, or greater than or equal to 20% for any major osteoporosis related fracture, or multiple risk factors for fracture
    *See Additional information for detail
- Member has one of the following:
  - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
    - Including new fracture or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
  - Contraindication or severe intolerance to oral bisphosphonate
    - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position after oral bisphosphonate administration for required length of time

**Treatment to Increase Bone Mass in Men with Osteoporosis:** - Prolia, zoledronic acid

- Diagnosis of osteoporosis with T-score less than -2.5, or fragility fracture at hip, spine, wrist, arm, rib, or pelvis; OR
- T-score between -1.0 and -2.5 and high risk for osteoporosis fracture
  - Fracture Risk Assessment Tool (FRAX) risk of greater than or equal to 3.0% for hip fracture, or greater than or equal to 20% for any major osteoporosis related fracture, or multiple risk factors for fracture
    *See Additional information for detail
- Testosterone level is normal for lab reference range
- If member is hypogonadal, testosterone replacement therapy should be prescribed before starting treatment with injectable osteoporosis agent, unless member has history of prostate cancer
- Member has one of the following:
  - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
    - Including new fracture or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
  - Contraindication or severe intolerance to oral bisphosphonate

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- For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position after oral bisphosphonate administration for required length of time

**Prevention of Osteoporosis in Postmenopausal Women** - Zoledronic acid:

- Diagnosis of osteoporosis with T-score less than -2.5, or fragility fracture at hip, spine, wrist, arm, rib, or pelvis; OR
- T-score between -1.0 and -2.5 and high risk for osteoporosis fracture
  - Fracture Risk Assessment Tool (FRAX) risk greater than or equal to 3.0% for hip fracture, or greater than or equal to 20% for any major osteoporosis related fracture, or multiple risk factors for fracture
    *See Additional information for details
- Member has one of the following:
  - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
    - Including new fracture, or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
  - Contraindication or severe intolerance to oral bisphosphonate
    - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position after oral bisphosphonate administration for required length of time

**Glucocorticoid-Induced Osteoporosis** - Zoledronic acid, Prolia:

- Member meets one of the following:
  - Postmenopausal woman or man over 50 years of age
    - Received, or is expected to receive, prednisone over 7.5mg/day (or equivalent) for longer than 3 months
  - Premenopausal woman or man less than 50 years of age
    - History of fragility fracture and received, or is expected to receive, prednisone over 7.5mg/day (or equivalent) for greater than 3 months
- Member has one of the following:
  - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
    - Including new fracture, or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
  - Contraindication, or severe intolerance to oral bisphosphonate
    - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position, after oral bisphosphonate administration for required length of time

**Bone Metastases of Cancer and Multiple Myeloma** - zoledronic acid, Prolia:

- Member has one of the following diagnoses:
  - Castration-resistant prostate cancer with bone metastases
  - Multiple myeloma

**Increase of Bone Mass in Men on Androgen Deprivation Therapy for Prostate Cancer without Bone Metastases** - Prolia, zoledronic acid:

- Member is at high risk for osteoporosis fracture
  - Fracture Risk Assessment Tool (FRAX) risk of greater than or equal to 3.0% for hip fracture, or greater than or equal to 20% for any major osteoporosis related fracture, or multiple risk factors for fracture
    *See Additional information for details
- Member has one of the following:
  - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance

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        - Including new fracture, or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
    - Contraindication, or severe intolerance to oral bisphosphonate
        - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position after oral bisphosphonate administration, for required length of time

**Increase of Bone Mass in Women on Aromatase Inhibitory therapy for Breast Cancer** - Prolia, zoledronic acid:

- Member is postmenopausal, or premenopausal with T-score between -1.0 and -2.5 and high risk for osteoporosis fracture
- Member has one of the following:
    - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
        - Including new fracture or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after 2 years of oral bisphosphonate
    - Contraindication, or severe intolerance to oral bisphosphonate
        - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position, after oral bisphosphonate administration for required length of time

**Hypercalcemia of Malignancy** - zoledronic acid, Prolia:

- Member has moderate, or severe hypercalcemia associated with malignancy *Refer to additional information for details
- Member is receiving vigorous saline hydration with goal of increasing urine output to about 2 L/day
- Prolia may be used if member has trial and failure of or contraindication to zoledronic acid, such as severe renal impairment

**Paget's Disease of Bone** - zoledronic acid:

- Member has bone specific alkaline phosphatase greater than 2 times the upper limit of normal or has symptoms related to active Paget's (for example, pain at site of pagetic lesion)
- Member has normal serum calcium, phosphorus, and 25-hydroxyvitamin D (based on the reference range for lab)
- Abnormalities should be treated before starting intravenous bisphosphonates
- Member has one of the following:
    - Therapeutic failure of preferred oral or intravenous bisphosphonate despite compliance
        - Including new fracture, or reduction in bone mineral density per recent dual energy X-ray absorptiometry (DEXA) scan, after two years of oral bisphosphonate
    - Contraindication, or severe intolerance to oral bisphosphonate
        - For example, current upper gastrointestinal symptoms, inability to swallow, or inability to remain in upright position after oral bisphosphonate administration, for the required length of time

**INITIAL APPROVAL:**

- Paget's Disease: one treatment
- Hypercalcemia from Malignancy: one treatment
- Osteoporosis: 2 years
- Evenity: 1 year
- All other indications: 2 years

**Note**:

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mercy care

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- Cumulative use of Evenity is limited to 12 monthly doses.

**RENEWAL APPROVAL:**

- Medical Records to support member is benefiting from therapy
  - For example, improved or stabilized bone mineral density, no new fractures
- Paget's Disease: One treatment
  - If bone specific alkaline phosphatase rises after initial treatment or if member has symptoms
  - Bisphosphonates usually induce remission; therefore, long-term approval is usually not appropriate
- Hypercalcemia from Malignancy:
  - Retreatment is not recommended unless new occurrence
- Osteoporosis:
  - Members with stable bone mineral density without fractures on treatment may be appropriate for drug holiday after 4-5 years of treatment.
  - Continue treatment if bone mineral density has worsened, or if member had fractures on treatment
- All other indications:
  - 2 years if member meets criteria for initial approval

**QUANTITY LIMITS:**

- Prolia: one vial/syringe per 168 days (six months)
- Zoledronic Acid:
  - For Treatment of Osteoporosis and Glucocorticoid-Induced Osteoporosis: one, 5mg vial per year
  - For Prevention of Osteoporosis: one, 5mg vial every 2 years
  - For Multiple Myeloma or Bone Metastases: one, 4mg vial per 21 days
- Evenity: two 105 mg/1.17 mL pens per 30 days

**ADDITIONAL INFORMATION:**

- It is recommended by American Association of Clinical Endocrinologists (AACE) and the Endocrine Society that the member's serum 25-hydroxyvitamin D level be ≥30 ng/mL and patients should receive calcium and vitamin D from diet and/or supplements to improve effectiveness of the medications and to prevent hypocalcemia.
- Fracture Risk Assessment Tool (FRAX) Calculator: http://www.shef.ac.uk/FRAX/tool.jsp?locationValue=9
- Severe Hypercalcemia = albumin-corrected calcium (cCa) greater than 12 mg/dL [3.0 mmol/L]
  - Formula: albumin-corrected calcium (cCa) in mg/dL=Ca in mg/dL + 0.8 (4.0 g/dL - member albumin [g/dL]).

**Major Risk factors for Osteoporotic Fractures:**

a. low body mass index
b. previous fragility fracture
c. parental history of hip fracture
d. glucocorticoid treatment (refer to specific criteria above for this indication)
e. current smoking
f. alcohol intake of 3 or more units per day
g. rheumatoid arthritis
h. secondary causes of osteoporosis

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