

Policy Name:	Evenity (romosozumab)	Policy #:	2756P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Evenity.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Evenity under the medical specialty benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Documented diagnosis of osteoporosis in a postmenopausal woman
- 1.2 Documented T-score below -2.5 OR documentation that the patient is at high risk for bone fracture
- 1.3 Documented failure to respond, intolerance, or contraindication to any of the following: OR
 - Two oral bisphosphonates (alendronate, ibandronate)
 - One oral bisphosphonate and IV zoledronic acid (Reclast)
 - One oral bisphosphonate and denosumab (Prolia)
- 1.4 Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
- 1.5 Patients with severe osteoporosis (T-score \leq -3 or several vertebral fractures) can bypass trial with bisphosphonates/Prolia based on evidence supporting maximized bone density when receiving Evenity prior to bisphosphonates/Prolia

2. Exclusion Criteria

- 2.1 Combination therapy involving the use of romosozumab concurrently with another bone mineral density modifying drug
- 2.2 Treatment of osteopenia
- 2.3 Evenity will not be covered if the member has previously been treated with Forteo or Tymlos

3. Approval Period

- 3.1 12 months (lifetime)

HCPCS Codes

J3111	Injection, romosozumab-aqqg, 1 mg
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References

1. Evenity (romosozumab-aqqg) [prescribing information]. Thousand Oaks, CA: Amgen Inc; April 2020.
2. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists/American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis-2020 update. *Endocr Pract.* 2020;26(suppl 1):1-46.
3. Eastell R, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update. *J Clin Endocrinol Metab.* 2020 Mar 1;105(3):dgaa048.
4. North American Menopause Society. Management of osteoporosis in postmenopausal women: the 2021 position statement of the North American Menopause Society. *Menopause.* 2021;28(9):973-997.
5. Cosman F. Anabolic Therapy and Optimal Treatment Sequences for Patients with Osteoporosis at High Risk for Fracture. *Endocr Pract* 2020; 26:777.

Created Date: 06/03/20
Effective Date: 06/03/20
Posted to Website: 01/01/22
Revision Date: 06/05/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.