Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 04/11/2024

Evenity® (romosozumab-aqqg)

HCPCS: J3111

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. The patient meets one of the following (i. or ii.)
      i. History of fragility fracture
      OR
      ii. FDA approved diagnosis
      AND
      Treatment with a bisphosphonate has been ineffective after at least a 12 month treatment period based on objective documentation (such as reduction in T score or fracture) UNLESS the patient meets one of the following:
         1. Treatment with bisphosphonates (both oral and intravenous) are not tolerated or contraindicated
         2. History of fracture(s)
         3. T-score less than -3.0
   b. Will not be used in combination with bisphosphonates, another anabolic bone-modifying agent or denosumab
   c. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's prior authorization and step therapy documents

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: 12 months
   c. Renewal Criteria: Not applicable as no further authorization will be provided

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Evenity is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, multiple risk factors for fracture, or patients who have failed or are intolerant to other available osteoporosis therapy.

- The American Association for Clinical Endocrinology (AACE)/American College of Endocrinology (ACE) Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis (2020) consider a diagnosis of osteoporosis and recommend pharmacologic therapy for the following clinical scenarios:

    - Presence or history of fragility fractures in the absence of other metabolic bone disorders, even in those with normal bone mineral density (BMD) as measured by axial dual-energy X-ray absorptiometry (DXA) scan

    - T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or 1/3 radius; measured by DXA scan

    - T-score between -1.0 and -2.5 and if the FRAX® (fracture risk assessment tool) 10-year probability for major osteoporotic fracture is ≥20% or the 10-year probability of hip fracture is ≥3% in the United States or above the country-specific threshold in other countries or regions

- Guidelines recommend bisphosphonates as the initial treatment option for most patients with osteoporosis. Bisphosphonates decrease the breakdown of the bone (antiresorptive) and have been shown to increase bone mineral density and reduce the incidence of fractures in patients with osteoporosis. Contraindications to bisphosphonates include hypocalcemia and severe renal impairment. In addition, oral bisphosphonates are contraindicated in patients with the inability to stand or sit upright for at least 30 minutes and may not be an appropriate option in patients with underlying gastrointestinal issues. However, use of an IV bisphosphonate is still appropriate in these situations.

- Prolia® (denosumab) is another antiresorptive therapy that is often reserved for use in patients who are unable to use oral bisphosphonate therapy, those that prefer to avoid IV bisphosphonates due to side effects, or those that have impaired renal function. In 2024, the FDA revised the Prolia prescribing information to include a new Boxed Warning for increased risk of severe hypocalcemia in patients with advanced chronic kidney disease, particutally those on dialysis or those with a condition known as mineral and bone disorder (CK-MBD), who are taking Prolia.

- Guidelines include evidence supporting superiority of certain antiresorptive agents (Prolia and IV zoledronate) and anabolic agents (Evenity, Tymlos®, and Forteo®) over oral bisphosphonates for individuals who are unable to use oral bisphosphonates and as initial therapy or for individuals with osteoporosis who are at very high risk for fracture, such as those with a T-score less than -3.0 or those with a history of fracture.

- Guidelines recommend sequential treatment with antiresorptive osteoporosis therapies to maintain bone mineral density gains and reduce fracture risk after completing a course of treatment with anabolic drugs.

- Until the effect of combination therapy on fracture risk is better understood, the AACE does not recommend concomitant use of FDA approved osteoporosis agents for the prevention or treatment of postmenopausal osteoporosis.

- Guidelines do not recommend use of one anabolic agent over another as there is insufficient evidence to establish one as safer or more effective than another.

- The goal of monitoring osteoporosis is to identify those who have significant bone loss. AACE recommends repeat DXA scan every 1 to 2 years after initiation of therapy until BMD is stable. Bone turnover markers (BTMs) are also useful for assessing patient compliance and efficacy of therapy. Reductions in BTMs are conferred by antiresorptive

therapy and are associated with fracture reduction. Significant increases in BTMs indicate good response to anabolic therapy.

- Evenity is limited to a 12 month duration of treatment. After 12 monthly doses, the anabolic effect of Evenity wanes, which is the reason for the duration limit. If osteoporosis therapy is still necessary, continued treatment with an antiresorptive agent should be considered (e.g., a bisphosphonate).

References:

1. Forteo [prescribing information]. Indianapolis, IN: Eli Lilly; September 2021.
2. Teriparatide [prescribing information]. Morristown, NJ: Alvogen; October 2019.
3. Tymlos [prescribing information]. Waltham, MA: Radius Health; December 2023.
4. Evenity [package insert]. Thousand Oaks, CA: Amgen; April 2020.
5. Bisphosphonates. Facts and Comparisons. 2020. Available from Wolters Kluwer Health, Inc.
6. Buckley L, Guyatt G, Fink H, et al. 2017 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis. Arthritis and Rheumatology. 2017;69:1521-37.
7. Shoback D, Rosen C, Black D et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update, The Journal of Clinical Endocrinology & Metabolism, Volume 105, Issue 3, March 2020, dgaa048, https://doi.org/10.1210/clinem/dgaa048.
8. 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. Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2020;26:1-46.
9. Saag KG, Shane E, Boonen S, et al. Teriparatide or alendronate in glucocorticoid-induced osteoporosis. N Engl J Med. 2007;357:2028-2039.
10. Hadji P, Zanchetta JR, Russo L, et al. The effect of teriparatide compared with risedronate on reduction of back pain in postmenopausal women with osteoporotic vertebral fractures. Osteoporos Int. 2012;23:2141-2150.
11. Kendler DL, Marin F, Zerbini CA, et al. Effects of teriparatide and risedronate on new fractures in post-menopausal women with sever osteoporosis (VERO): a multicentre, double-blind, doubledummy, randomised controlled trial. Lancet. 2017;391:230-240.
12. Saag KG, Petersen J, Brandi ML, et al. Romosozumab or alendronate for fracture prevention in women with osteoporosis. New Engl J Med. 2017;377:1417-1427.
13. Prolia [prescribing information]. Thousand Oaks, CA: Amgen; January 2024.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.8</td><td>Effective Date: 04/11/2024</td><td>Annual review - no changes made to existing criteria</td></tr>
<tr><td>1.7</td><td>Effective Date: 04/06/2023</td><td>Annual review – No changes made to existing criteria</td></tr>
<tr><td>1.6</td><td>Effective Date: 04/14/2022</td><td>Updated to allow for clinical situations where patients are not required to use bisphosphonates as first line treatment</td></tr>
<tr><td>1.5</td><td>Effective Date: 10/07/2021</td><td>Annual review of criteria was performed, no changes were made.</td></tr>
<tr><td>1.4</td><td>Effective Date: 10/08/2020</td><td>Annual review of criteria was performed, no changes were made.</td></tr>
<tr><td>1.3</td><td>Effective Date: 11/7/2019</td><td>Policy update: trial and failure of oral and IV bisphosphonate, not to be used with other anabolic agents or denosumab</td></tr>
<tr><td>1.2</td><td>11/01/2019</td><td>UM medical management system update for MAPPO and BCNA
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table></td></tr>
<tr><td>1.1</td><td>Effective Date: 08/01/2019</td><td>UM medical management system update for BCBSM
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
<tr><td>1.0</td><td>Effective Date: 06/01/2019</td><td>UM medical management system update for BCN
New full drug review
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Evenity™ (romosozumab-aqqg for subcutaneous injection)
HCPCS CODE: J3111

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for Evenity™. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	**Name**
ID Number	**Specialty**
D.O.B. ☐Male ☐Female	**Address**
Diagnosis	**City /State/Zip**
Drug Name	**Phone/Fax: P**: ( ) - **F**: ( ) -
Dose and Quantity	**NPI**
Directions	**Contact Person**
Date of Service(s)	**Contact Person Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. Initiation or Continuation of treatment? ☐ Initiation ☐ Continuation *Date patient started therapy:* _____
2. Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
   ☐ Hospital outpatient facility (go to #3) *Reason for Hospital Outpatient administration:* _____
3. **Please specify location of administration if hospital outpatient infusion:** _____
4. **Please provide the NPI number for the place of administration:** _____
5. **Initiation:**
   a. Primary Indication: ☐ Postmenopausal women with Osteoporosis ☐ Osteopenia ☐ History of fragility fracture ☐ Other: _____
   b. Please complete the chart below with the patient's **T-scores:**

	Example	Before bisphosphonate	During bisphosphonate
Date of scan	**12**/15/2019		
Spine T-score	-2.5		
Left Hip T-score	-2.7		
Right Hip T-score	-2.3		

   c. Check the bisphosphonate(s) the patient received and dates of therapy:

Bisphosphonates	Dates of therapy	Outcome / Reason for D/C
☐ None, explain:		☐ Contraindicated, Explain: _____
☐ Reclast/Zometa (zoledronic acid)	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____
☐ Aredia (pamidronate)	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____
☐ Boniva (ibandronate) ☐**IV** ☐**PO**	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____
☐ Fosamax (alendronate)	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____
☐ Actonel (risedronate)	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____
☐ Other _____	***Start:*** _____ ***End:*** _____	☐ Not tolerated ☐ Failure Explain: _____

   d. Please provide response to bisphosphonate therapy (select the most appropriate response): ☐ BMD/T-score improved ☐ BMD/T-score remained the same
   ☐ BMD/T-score declined ☐ Patient had fracture during a fall from standing height (osteoporosis related fracture)
   ☐ Patient had non-traumatic fractures to major bones ☐ Other, Please list duration of treatment and describe response to bisphosphonates: _____
   e. Which of the following has the patient experienced that would prevent the patient from using a bisphosphonate?
   ☐ Creatinine clearance less than 30 ml/min, What is the **Creatine Clearance**: _____ ml/min
   ☐ Documented hypersensitivity to the medication ☐ Documented history of jaw necrosis while using bisphosphonate
   ☐ Bone pain while using bisphosphonate ☐ Flu-like symptoms while using bisphosphonate
   ☐ Other; Please list the contraindication or side effects to bisphosphonate therapy: _____
   f. Will the patient be using Evenity in combination with bisphosphonates (for example: Fosamax or Reclast), Forteo, Tymlos, or Prolia? ☐ Yes ☐ No
6. **Continuation of therapy -** *Please include rationale for continuation of therapy*_____
7. ***Please add any other supporting medical information necessary for our review***

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date

Step 2 Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes ☐ BMD (prior to and after Evenity)	☐ Prior Trials (bisphosphonates) ☐ Concurrent medical problems ☐ Calcium level
Step 3 Submit	**By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979**	**By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320**

6/26/2019; 10/1/2020; 4/16/2022, 10/3/2022