

# PHARMACY POLICY STATEMENT



<b>Benefit Code</b>	<b>Event Code</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Evenity (romosozumab-aqqg) was initially approved by the FDA in 2019 for the treatment of osteoporosis in postmenopausal women at high risk for fracture, or in patients in whom other available osteoporosis therapy has failed or cannot be taken. Evenity is the only sclerostin inhibitor used for osteoporosis.

Evenity (romosozumab-aqqg) will be considered for coverage when the following criteria are met:



For **h** authorization:

1. Member is a postmenopausal woman; AND
2. Member has a diagnosis of osteoporosis, as evidenced by one of the following:
  - a) Bone mineral density (BMD) T-score -2.5 or below in the lumbar spine, femoral neck, total proximal femur, or 1/3 radius;
  - b) Low-trauma spine or hip fracture (regardless of BMD);
  - c) Osteopenia (T-score between -1 and -2.5) with a fragility fracture of proximal humerus, pelvis, or distal forearm;
  - d) Osteopenia (T-score between -1 and -2.5) with FRAX fracture probability of 3% for hip fracture or greater.
3. Member meets one of the following:
  - a) Member has had an inadequate response to at least 12 months of an oral bisphosphonate (e.g., alendronate, risedronate) or an IV bisphosphonate (e.g., zoledronic acid (Reclast), ibandronate) OR
  - b) Member has very high risk for fracture (e.g., having multiple fractures, very low T score (-3.0 or below), T-score -2.5 or below plus fractures, fractures while taking osteoporosis drug, FRAX > 30% for major osteoporosis fracture or 4.5% for hip fracture<sup>2,4</sup>); AND
4. Member does not have any of the following:
  - a) Uncorrected hypocalcemia
  - b) Prior heart attack (myocardial infarction) or stroke within the last year
  - c) Concurrent use with a parathyroid hormone analog (e.g., Forteo, Tymlos) or Prolia.
5. **95m** 210 mg (as two 105 mg subQ injections) once a month.  
 (2 syringes per 28 days)

**If all the above requirements are met, the medication will be approved for 12 months.**

For **h** authorization:

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