

SPECIALTY GUIDELINE MANAGEMENT

PROLIA (denosumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Treatment of postmenopausal women with osteoporosis at high risk for fracture
2. Treatment to increase bone mass in men with osteoporosis at high risk for fracture
3. Treatment of men and women with glucocorticoid-induced osteoporosis at high risk for fracture
4. Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy (ADT) for non-metastatic prostate cancer
5. Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

B. Compendial Uses

Prevention or treatment of osteoporosis during androgen deprivation therapy for prostate cancer in patients with high fracture risk

All other indications are considered experimental/investigational and are not a covered benefit.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Supporting chart notes or medical record indicating a history of fractures, T-score, and FRAX fracture probability as applicable to Sections III.A, III.B, and III.C.

III. CRITERIA FOR INITIAL APPROVAL

A. **Postmenopausal osteoporosis**

Authorization of 12 months may be granted to postmenopausal members with osteoporosis when ANY of the following criteria are met:

1. Member has a history of fragility fractures
2. Member has a pre-treatment T-score less than or equal to -2.5 OR member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (See Appendix B) and meets ANY of the following criteria:
 - a. Member has indicators of higher fracture risk (e.g., advanced age, frailty, glucocorticoid use, very low T-scores [less than or equal to -3.5], or increased fall risk)
 - b. Member has failed prior treatment with or is intolerant to previous injectable osteoporosis therapy (e.g., zoledronic acid [Reclast], teriparatide [Forteo])

- c. Member has had an oral bisphosphonate trial of at least 1-year duration or there is a clinical reason to avoid treatment with an oral bisphosphonate (See Appendix A)

B. Osteoporosis in men

Authorization of 12 months may be granted to male members with osteoporosis when ANY of the following criteria are met:

1. Member has a history of an osteoporotic vertebral or hip fracture
2. Member meets criteria BOTH of the following criteria:
 - a. Member has a pre-treatment T-score less than or equal to -2.5 OR member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (See Appendix B)
 - b. Member has had an oral bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with an oral bisphosphonate (See Appendix A)

C. Glucocorticoid-induced osteoporosis

Authorization of 12 months may be granted to members with glucocorticoid-induced osteoporosis when ALL of the following criteria are met:

1. Member is currently receiving or will be initiating glucocorticoid therapy
2. Member has had an oral bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with an oral bisphosphonate (See Appendix A)
3. Member meets ANY of the following criteria:
 - a. Member has a history of a fragility fracture
 - b. Member has a pre-treatment T-score less than or equal to -2.5
 - c. Member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (See Appendix B)

D. Breast cancer

Authorization of 12 months may be granted to members who are receiving adjuvant aromatase inhibitor therapy for breast cancer.

E. Prostate cancer

Authorization of 12 months may be granted to members who are receiving androgen deprivation therapy for prostate cancer.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who meet all initial authorization criteria and experiences clinical benefit after at least 24 months of therapy with Prolia as evidenced by improvement or stabilization in T-score.

V. APPENDIX

Appendix A. Clinical reasons to avoid oral bisphosphonate therapy

- Esophageal abnormality that delays emptying such as stricture of achalasia
- Active upper gastrointestinal problem (e.g., dysphagia, gastritis, duodenitis, erosive esophagitis, ulcers)
- Inability to stand or sit upright for at least 30 to 60 minutes
- Inability to take at least 30 to 60 minutes before first food, drink, or medication of the day
- Renal insufficiency (creatinine clearance <35 mL/min)

- History of intolerance to an oral bisphosphonate

Appendix B. WHO Fracture Risk Assessment Tool

- High FRAX fracture probability: 10 year major osteoporotic fracture risk \geq 20% or hip fracture risk \geq 3%.
- 10-year probability; calculation tool available at: <https://www.sheffield.ac.uk/FRAX/>
- The estimated risk score generated with FRAX should be multiplied by 1.15 for major osteoporotic fracture and 1.2 for hip fracture if glucocorticoid treatment is greater than 7.5 mg per day.

VI. REFERENCES

1. Prolia [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2019.
2. The NCCN Drugs & Biologics Compendium™ © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 25, 2018.
3. Bisphosphonates. *Drug Facts and Comparisons*. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; March 21, 2019. Accessed April 10, 2019.
4. Cosman F, de Beur SJ, LeBoff MS, et al. National Osteoporosis Foundation. Clinician's guide to prevention and treatment of osteoporosis. *Osteoporos Int*. 2014;25(10): 2359-2381.
5. Jeremiah MP, Unwin BK, Greenwald MH, et al. Diagnosis and management of osteoporosis. *Am Fam Physician*. 2015;92(4):261-268.
6. Watts NB, Bilezikian JP, Camacho PM, et al. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of postmenopausal osteoporosis. *Endocr Pract*. 2016;22 (Suppl 4):1-42.
7. ACOG Practice Bulletin Number 129: Osteoporosis. *Obstet Gynecol*. 2012;120(3):718-734.
8. National Institute for Health and Care Excellence. Osteoporosis Overview. Last updated February 2018. Available at: <http://pathways.nice.org.uk/pathways/osteoporosis>. Accessed April 10, 2019.
9. Treatment to prevent osteoporotic fractures: an update. Department of Health and Human Services, Agency for Healthcare Research and Quality. 2012; Publication No. 12-EHC023-EF. Available at www.effectivehealthcare.ahrq.gov/lbd.cfm.
10. Watts NB, Adler RA, Bilezikian JP, et al. Osteoporosis in men : an Endocrine Society clinical practice guideline. *J Clin Endocr Metab*. 2012;97(6):1802-1822.
11. Gralow JR, Biermann S, Farooki A, et al. NCCN Task Force Report: Bone Health in Cancer Care. *JNCCN*. 2013; 11(Suppl 3):S1-50.
12. FRAX® WHO fracture risk assessment tool. © World Health Organization Collaborating Centre for Metabolic Bone Diseases: University of Sheffield, UK. Available at: <https://www.sheffield.ac.uk/FRAX/>. Accessed April 10, 2019.
13. Fink HA, Gordon G, Buckley L, et al. 2017 American College of Rheumatology Guidelines for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis. *Arthritis Care Res*. 2017;69:1521-1537.
14. Ensrud KE, Crandall CJ. Osteoporosis. *Ann Intern Med* 2017;167(03):ITC17–ITC32.