Clinical Policy Title:	romosozumab-aqqg
Policy Number:	RxA.380
Drug(s) Applied:	Evenity™
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of business

Background

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

Limitation(s) of use: Limit duration of use to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Romosozumab-aqqg (Evenity™)	Osteoporosis	210 mg (2 prefilled syringes) SC once every month	210 mg/month for up to 12 months cumulative use

Dosage Forms

- Prefilled syringe: 105 mg/1.17 mL.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Osteoporosis (must meet all)**:**

1. Diagnosis of osteoporosis;
2. Age 18 years of age or older;
3. Member is a postmenopausal female and (a or b)
    a) Member is at very high risk for fracture (i or ii):
        I. BMD T-score at hip or spine ≤ -3.5;
        II. BMD T-score at hip or spine ≤ -2.5 AND major osteoporotic fracture (i.e., hip, spine, forearm, wrist, humerus);
    b) Member has completed a 3-year trial of bisphosphonate therapy (alendronate is preferred) at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced to both IV and PO formulations;(see Appendix D)
    *Prior authorization may be required for bisphosphonates
4. Dose does not exceed 210 mg (2 prefilled syringes) per month.

Approval duration
Commercial: 6 months (limited to 12 months cumulative use per lifetime)
Medicaid: 6 months (limited to 12 months cumulative use per lifetime)
HIM: 6 months (limited to 12 months cumulative use per lifetime)

II. Continued Therapy

A. Osteoporosis (must meet all)**:**

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 210 mg (2 prefilled syringes) per month.

Approval duration
Commercial: 6 months (limited to 12 months cumulative use per lifetime)
Medicaid: 6 months (limited to 12 months cumulative use per lifetime)
HIM: 6 months (limited to 12 months cumulative use per lifetime)

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
BMD: bone mineral density
FDA: Food and Drug Administration

APPENDIX B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
alendronate (Fosamax®)	Osteoporosis 10 mg PO once daily or 70 mg PO q week Glucocorticoid-induced osteoporosis 5 mg PO once daily or 10 mg PO once daily (in postmenopausal women not receiving estrogen) Osteoporosis prophylaxis 5 mg PO once daily or 35 mg PO q week	Osteoporosis 10 mg/day or 70 mg/week Glucocorticoid-induced osteoporosis 5 mg/day or 10 mg/day (in postmenopausal women not receiving estrogen) Osteoporosis prophylaxis 5 mg/day or 35 mg/week
Fosamax® Plus D (alendronate/ cholecalciferol)	Osteoporosis: 70 mg alendronate/2,800 units cholecalciferol or 70 mg alendronate/5,600 units cholecalciferol PO q week	Osteoporosis: 70 mg alendronate/5,600 units cholecalciferol/week

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
risedronate (Actonel®, Atelvia®)	Osteoporosis (including prophylaxis) 5 mg PO once daily or 35 mg PO q week or 75 mg PO once daily for 2 consecutive days for 2 doses/month or 150 mg PO q month Glucocorticoid-induced osteoporosis: 5 mg PO once daily	Osteoporosis (including prophylaxis): 5 mg/day or 35 mg/week or 75 mg/day for 2 days per month or 150 mg/month Glucocorticoid-induced osteoporosis: 5 mg/day
zoledronic acid (Reclast®)	Postmenopausal osteoporosis, men with osteoporosis, glucocorticoid-induced osteoporosis: 5 mg IV q year Postmenopausal osteoporosis prophylaxis: 5 mg IV q 2 years	Postmenopausal osteoporosis, men with osteoporosis, glucocorticoid-induced osteoporosis: 5 mg/year Postmenopausal osteoporosis prophylaxis: 5 mg/2 years
ibandronate (Boniva®)	Postmenopausal osteoporosis: 150 mg PO q month or 3 mg IV every 3 months Postmenopausal osteoporosis prophylaxis: 150 mg PO q month	150 mg/month or 3 mg/3 months

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Pre-existing hypocalcemia must be corrected prior to initiating therapy with Evenity.
  - A history of systemic hypersensitivity to romosozumab or to any component of the product formulation. Reactions have included angioedema, erythema multiforme, and urticaria.
- Boxed warning(s):
  - Evenity may increase the risk of myocardial infarction, stroke, and cardiovascular death.
  - Evenity should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Consider whether the benefits outweigh the risks in patients with other cardiovascular risk factors.
  - If a patient experiences a myocardial infarction or stroke during therapy, Evenity should be discontinued.

APPENDIX D: General Information

1. IV/PO Bisphosphonates: Examples of Contraindications and Adverse Effect

Bisphosphonates	Oral Formulations	IV Formulations
Contraindications		

Bisphosphonates	Oral Formulations	IV Formulations
Hypocalcemia	X	X
Increased risk of aspiration	X	-
Hypersensitivity to product component	X	X
Inability to stand/sit upright for at least 30 minutes	X	-
Creatinine clearance < 35 mL/min or evidence of acute renal impairment	-	X
Esophagus abnormalities which delay emptying such as stricture or achalasia	X	-
Clinically significant warnings or adverse side effects		
Pregnancy	X	X
Eye inflammation	X	X
Acute renal failure	X	X
Osteonecrosis of the jaw	X	X
Atypical femoral shaft fracture	X	X
Drug interactions (product-specific)	X	X
Severe or incapacitating musculoskeletal pain	X	X

2. The World Health Organization uses the following classifications for osteoporosis and osteopenia

Category	T-Score
Normal	-1.0 or above
Low bone mass (osteopenia)	Between -1.0 and -2.5
Osteoporosis	-2.5 or below

References

1. Evenity Prescribing Information. One Amgen Center Drive, Thousand Oaks, CA; Amgen: April 2020. Available at: https://www.pi.amgen.com/~/media/amgen/repositorysites/pi-amgen-com/evenity/evenity_pi_hcp_english.ashx . Accessed June 26, 2020
2. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis – 2016 – executive summary. Endocr Pract. 2016 Sep;22(9):1111-8. doi: 10.4158/EP161435.ESGL. Available at https://www.ncbi.nlm.nih.gov/pubmed/27643923 . Accessed June 26, 2020
3. Eastell R, Rosen CJ, Black DM, et al. Pharmacological Management of osteoporosis in postmenopausal women: An Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2019 May 1;104(5):1595-1622. doi: 10.1210/jc.2019-00221. Available at https://www.ncbi.nlm.nih.gov/pubmed/30907953 . Accessed June 26, 2020
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5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: http://www.clinicalpharmacology-ip.com/.

6. Hodsman AB, Bauder DC, Dempster DW, et al. Parathyroid hormone and teriparatide for the treatment of osteoporosis: a review of the evidence and suggested guidelines for its use. Endocr Rev. 2005 Aug;26(5):688-703. Epub 2005 Mar 15.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Line of Business Policy Applies to was updated to all lines of business. 3. In Initial approval criteria I.A.3 "very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; "Failure of a 12-month trial of bisphosphonate…"; removed as per updated PI. 4. In continued therapy criteria II.A.1.was rephrased to "Currently receiving medication that has been authorized by RxAdvance…" 5. Updated Appendix D: added IV/PO Bisphosphonates-Examples of Contraindications and Adverse Effect 6. References were reviewed and updated.	06/26/2020	09/14/2020