

Evenity® (romosozumab-aqqg)
Effective 4/1/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Evenity 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.

Coverage Guidelines

Authorization may be granted for a total of 12 months for members who are currently receiving treatment with Evenity excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members with a diagnosis of postmenopausal osteoporosis when ANY the following criteria are met, and documentation is provided:

1. Member has a history of fragility fractures **OR**
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 A) 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 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 B)

Limitations

Approvals are limited to a maximum of 12 months of therapy

Appendices

Appendix A: 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.

Appendix B: 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

References

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Review History

11/20/2019 – Reviewed P&T

11/25/2019 – Reviewed and approved DCC

01/22/2020 – Approved P&T Mtg



09/22/2021 – Reviewed Sept P&T; references updated; no clinical updates.

