

**Evenity® (romosozumab-aqqg)**  
**Effective 04/01/2020**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>			
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

### 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

1. Evenity [package insert]. Thousand Oaks, CA: Amgen; April 2020
2. Bisphosphonates. *Drug Facts and Comparisons*. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; March 21, 2019. Accessed April 10, 2019.
3. 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.
4. Jeremiah MP, Unwin BK, Greenwald MH, et al. Diagnosis and management of osteoporosis. *Am Fam Physician*. 2015;92(4):261-268.
5. 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.
6. ACOG Practice Bulletin Number 129: Osteoporosis. *Obstet Gynecol*. 2012;120(3):718-734.
7. 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.
8. FRAX<sup>®</sup> 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.
9. 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.
10. Ensrud KE, Crandall CJ. Osteoporosis. *Ann Intern Med* 2017;167(03): ITC17–ITC32.
11. Shoback D, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update. *J Clin Endocrinol Metab* 2020; 105
12. Barrionuevo P, Gionfriddo MR, Castaneda-Guarderas A, et al. Women's Values and Preferences Regarding Osteoporosis Treatments: A Systematic Review. *J Clin Endocrinol Metab* 2019; 104:1631



13. Viswanathan M, Reddy S, Berkman N, et al. Screening to Prevent Osteoporotic Fractures: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA 2018; 319:2532

**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

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.