

**Osteoporosis Agents**  
**Evenity (romosozumab-aqqg)**  
**Effective 05/11/2026**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <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		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029
<b>Notes</b>	<p><b>Evenity</b> is also available on the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.</p> <p>Additional agents from this class are available through the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.</p>		

### 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 reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

#### Treatment/prevention of osteoporosis

**ALL** of the following:

1. **ONE** of the following:
  - a. Indication of treatment or prevention of postmenopausal osteoporosis
  - b. Indication of treatment or prevention of osteoporosis in biologic male/male sex assigned at birth
2. Bone mineral density (BMD) indicating osteoporosis (T score  $\leq$ -2.5)
3. **ONE** of the following:
  - a. Inadequate response to an adequate trial or adverse reaction to **ONE** oral bisphosphonate
  - b. Contraindication to **ALL** oral bisphosphonates
  - c. Member is at very high risk for fracture indicated by at least **ONE** of the following:
    - i. History of fracture within the past 12 months
    - ii. History of fractures while on osteoporosis therapy
    - iii. History of multiple fractures

- iv. History of fractures while on drugs causing skeletal harm (e.g., long-term glucocorticoids)
  - v. T-score less than -3.0
  - vi. High risk for falls
  - vii. History of injurious falls
  - viii. Very high fracture probability by FRAX (fracture risk assessment tool) or other validated fracture risk algorithm
4. **ONE** of the following:
- a. Inadequate response to an adequate trial or adverse reaction with **ONE** or contraindication to **ALL** of the following:
    - i. ibandronate injection
    - ii. denosumab
    - iii. zoledronic acid 5 mg
  - b. Diagnosis of severe osteoporosis defined as at least **ONE** of the following:
    - i. History of fragility fracture within the past 12 months
    - ii. History of fractures while on osteoporosis therapy
    - iii. T-score less than -3.0
    - iv. T-score of -2.5 or below plus a fragility fracture
5. Inadequate response, adverse reaction, or contraindication to teriparatide 560 mcg/2.24 mL (Bonsity, Forteo)

### **Continuation of Therapy**

Reauthorization of Evenity (romosozumab-aqqg) may only be issued for members who have not completed 12 months of treatment. The total treatment duration **should not exceed 12 months**.

### **Limitations**

1. Authorizations are limited to a maximum of 12 months of therapy.

### **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® 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

03/15/23 - Reviewed and updated for Mar P&T. Matched UPPL criteria. Effective 4/1/23.

12/11/24 – Reviewed and updated for P&T. Formatting update. Clarified appropriate diagnosis to specific diagnosis. Effective 1/6/25

07/09/25 – Reviewed and updated for P&T. Added new acceptable diagnosis. Clarified updated strength for Forteo. Removed appendices. Effective 8/11/25

4/15/26 – Reviewed and updated for P&T. Clarified trial of Prolia to denosumab. Clarified that either Bonsity or Forteo can be considered for teriparatide 560 mcg/2.24 mL. Effective 5/11/26

