

Utilization Management and Clinical Medical Policy

Policy Name: IV Biphosphonate and Monoclonal Antibodies for Treatment of Osteoporosis and Other	Policy Number: MP-RX-FP-123-24	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023	Effective Date: 08/19/2026
			Last Review Date: 08/19/2026	Frequently Revision: Annual

Service Category:

- | | |
|--|---|
| ☐ Anesthesia | ☐ Medicine Services and Procedures |
| ☐ Surgery | ☐ Evaluation and Management Services |
| ☐ Radiology Procedures | ☐ DME/Prosthetics or Supplies |
| ☐ Pathology and Laboratory Procedures | ☒ Other: Part B Drugs |

Service Description:

This document addresses the use of **denosumab products (Prolia, Xgeva, and their biosimilar products)**, a monoclonal antibody approved by the Food and Drug Administration (FDA) for:

- The treatment of postmenopausal women with osteoporosis at high risk for fracture, to increase bone mass in men at high risk for fracture and to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.
- The prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors, treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity, and treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

This document also addresses the use of **ibandronate inj (Boniva®)**, a bisphosphonate approved by the Food and Drug Administration (FDA) for the treatment of osteoporosis in postmenopausal women.

Background Information:

The American College of Endocrinology (AACE/ACE) (2020) osteoporosis treatment guidelines stratify initial treatment based on risk status. For those at high risk/no prior fractures, initial therapy options include bisphosphonates (alendronate, risedronate, or zoledronic acid) or denosumab. For those at very high risk/prior fractures, initial therapy options are denosumab, abaloparatide, teriparatide, romosozumab, or zoledronic acid. The Endocrine Society osteoporosis guideline update (2020) recommends initial therapy with bisphosphonates (alendronate, risedronate, zoledronic acid, or ibandronate) or alternatively denosumab for those at high risk.

Osteoporosis may be diagnosed by bone mineral density (BMD) testing indicating a T-score in the spine, femoral neck, total hip or distal 1/3 of the radius of less than or equal to -2.5 as compared to a young-adult reference population. It also may be clinically diagnosed based on a history of a fragility fracture (low trauma fracture).

Higher risk for fracture may be defined as:

1. History of osteoporotic fracture; **OR**
2. Multiple risk factors for fractures, including but not limited to:
 - Prior low-trauma fracture as an adult

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- Advanced age
- Low bone mineral density (T-score -1.0 to -2.5)
- Low body weight (<57.6kg)
- Family history of osteoporosis
- Use of glucocorticoids, (daily dosage equivalent to 5mg or greater prednisone for at least 3 months)
- Current cigarette smoking
- Excessive alcohol consumption (3 or more drinks per day)
- Secondary osteoporosis (such as rheumatoid arthritis)
- Early menopause
- Height loss of kyphosis
- Fall risk and low calcium intake; **OR**

3. Failure or intolerance to other osteoporosis therapies: A failure of other osteoporosis therapies, otherwise known as refractory disease, may be defined as a decline in BMD while on therapy (>5%) or a fragility fracture while on therapy.

AACE/ACE (2020) recommends obtaining a baseline axial (lumber spine and hip; 1/3 radius if indicated) dual-energy X-ray absorptiometry (DXA) and after treatment initiation, repeat DXA every 1 to 2 years until findings are stable. Depending on clinical circumstances, follow-up DXA every 1 to 2 years or less frequently can be continued thereafter. Successful response to osteoporosis therapy is considered when BMD is stable or increasing with no evidence of new fractures or vertebral fracture progression.

Biosimilar products must be highly similar to the reference product and there must be no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product. Biosimilars must utilize the same mechanism of action (MOA), route of administration, dosage form and strength as the reference product; and the indications proposed must have been previously approved for the reference product. The potential exists for a biosimilar product to be approved for one or more indications for which the reference product is licensed based on extrapolation of data intended to demonstrate biosimilarity in one indication. Sufficient scientific justification for extrapolating data is necessary for FDA approval. Factors and issues that should be considered for extrapolation include the MOA for each indication, the pharmacokinetics, biodistribution, and immunogenicity of the product in different patient populations, and differences in expected toxicities in each indication and patient population.

Black box warnings on Prolia and its biosimilars address severe hypocalcemia in patients with advanced kidney disease. Severe hypocalcemia resulting in hospitalization, life-threatening events and fatal cases have been reported. Prior to starting Prolia therapy, evaluate for the presence of chronic kidney disease-

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mineral bone disorder (CKDMBD). Treatment with Prolia in these patients should be supervised by a healthcare provider with expertise in the diagnosis and management of CKD-MBD.

Products in this document include:

- Prolia (denosumab), Jubbonti (denosumab-bbdz), Conexxence (denosumab-bnht), Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), Bilydos (denosumab-nxxp), Bosaya (denosumab-kyqq), Osvyrti (denosumab-desu)
- Xgeva (denosumab), Wyost (denosumab-bbdz), BOMYNTRA (denosumab-bnht), Xbryk (denosumab-dssb), Osenvelt (denosumab-bmwo), Bilprevda (denosumab-nxxp), Aukelso (denosumab-kyqq), Oziltus (denosumab-mobz)
- Boniva (ibandronate IV)

Approved Indications

Prolia (Denosumab), Jubbonti (denosumab-bbdz), Conexxence (denosumab-bnht), OSPOMYV (denosumab-dssb) or Stoboclo (denosumab-bmwo), Bilydos (denosumab-nxxp), Bosaya (denosumab-kyqq), Osvyrti (denosumab-desu)

Approved Indication (s)

- Treatment of postmenopausal women with osteoporosis at high risk for fracture.
- Treatment to increase bone mass in men with osteoporosis.
- Treatment of Glucocorticoid-Induced Osteoporosis.
- Treatment of bone loss in men receiving androgen deprivation therapy for prostate cancer.
- Treatment of bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer.

Other Uses

- N/A

Xgeva (Denosumab), Wyost (denosumab-bbdz), BOMYNTRA (denosumab-bnht), XBRYK (denosumab-dssb) or OSENVILT (denosumab-bmwo), Bilprevda (denosumab-nxxp), Aukelso (denosumab-kyqq), Oziltus (denosumab-mobz)

Approved Indication (s)

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

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Other Uses

A. N/A

Ibandronate (Boniva)

Approved Indication

A. Treatment of postmenopausal osteoporosis

Other Uses

A. Bone metastasis (Micromedex Category IIb; Lexi-Drugs Level of Evidence A): Ibandronate, whether administered intravenously or orally, demonstrated a notable decrease in the occurrence of skeletal-related events (SRE) and bone pain scores over 96 weeks, according to a comprehensive review involving 10 studies comprising 3473 patients with metastatic bone disease or multiple myeloma. Specifically, the risk ratio (RR) for SRE reduction was 0.8 (95% CI, 0.71 to 0.9; based on 4 studies involving 1099 patients), while the weighted mean difference in bone pain score was -0.41 (95% CI, -0.56 to -0.27; based on 2 studies involving 876 patients) when compared to a placebo.

In comparison with zoledronate, ibandronate showed similar rates of SRE occurrence (RR, 1.02; 95% CI, 0.82 to 1.26; based on 2 studies involving 1454 patients). However, differences in study design hindered a direct comparison of changes in bone pain scores from baseline.

SREs, encompassing hypercalcemia, pathological fracture, bone-related radiotherapy or surgery, and spinal cord compression, were significantly reduced with ibandronate. However, there was a higher incidence of abdominal pain associated with ibandronate compared to placebo, alongside similar risks of diarrhea, nausea, and renal toxicity.

Compared to zoledronate, ibandronate exhibited a significantly lower risk of fever or influenza-like symptoms and renal toxicity. However, risks of anorexia, fatigue, and jaw necrosis were comparable between the two medications.

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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

B vs D Criteria: Prolia and Xgeva drugs included in this PA are subject to B vs D evaluation. Medication must be furnished "incident to" physician service provided and usually not self-administered to be covered by Medicare and to be eligible to be evaluated through part B. If not, medication must be evaluated through part D.

Prolia (Denosumab), Jubbonti (denosumab-bbdz) Conexxence (denosumab-bnht), Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), Bildyos (denosumab-nxxp), Bosaya (denosumab-kyqq), Osvyrti (denosumab-desu)

A. Criteria For Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.*)

For the treatment of Osteoporosis in men, postmenopausal women, and glucocorticoid-induced osteoporosis

- i. Individual is 18 years of age or older
- AND**
- ii. Individual will have pre-existing hypocalcemia and vitamin D deficiency corrected prior to administration of the medication if applicable; **AND**
 - iii. Individual meets one of the following diagnostic criteria of osteoporosis:
 - A. Individual is a male or postmenopausal female with any of the following:
 - 1. A diagnosis of osteoporosis based on the Tscore (defined as a bone mineral density (BMD) Tscore of ≤ -2.5); **OR**
 - 2. A clinical diagnosis of osteoporosis based on history of a low trauma fracture (fragility fracture).
- OR**
- B. Individual has glucocorticoid-induced osteoporosis with any of the following:

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1. A bone mineral density (BMD) T-score of ≤ -2.5) while initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for a least 6 months); **OR**
2. A clinical diagnosis of osteoporosis based on history of a low trauma fracture (fragility fracture) while initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for a least 6 months).

AND

- iv. Individual is at high risk of fracture, defined as having **ONE OR MORE** of the following criteria:
 - A. Individual has had at least one osteoporotic (minimal trauma) fracture; **OR**
 - B. Individual has two or more of the following risk factors for osteoporotic fracture;
 1. Age between 40-90
 2. Body Mass Index (BMI) (less than 21 kg/m²)
 3. History of fragility fracture
 4. Cigarette smoking
 5. Prior fracture
 6. Rheumatoid Arthritis
 7. Secondary osteoporosis (e.g., type 1 diabetes, osteogenesis imperfecta in adults, longstanding hyperthyroidism, hypogonadism, premature menopause [before age 40], chronic malabsorption and chronic liver disease
 8. Exposed to ≥ 5 mg/day of prednisolone for ≥ 3 mo (or equivalent doses of other glucocorticoids)
 9. Alcohol use of greater than 2 medium glasses of wine or beer per day
 10. Hip fracture in mother or father; **OR**
 - C. Individual has failed, is intolerant to or has a medical contraindication to other available osteoporosis therapies (for example, bisphosphonates).

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To increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

- i. Patient is a postmenopausal (natural or induced) female; **AND**
- ii. Patient is receiving adjuvant aromatase inhibitor therapy (e.g. anastrozole, exemestane, letrozole) for treatment of breast cancer.

To increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer

- i. Individual is a male with a diagnosis of nonmetastatic prostate cancer; **AND**
- ii. Individual is a receiving androgen deprivation therapy (e.g. leuprolide, goserelin, histerelin); **AND**
- iii. Individual is at high risk of fracture, defined as having **ANY** of the following criteria:
 - A. Individual has had at least one osteoporotic (minimal trauma) fracture; **OR**
 - B. Individual has one or more of the following risk factors for osteoporotic fracture;
 - 1. Age between 40-90
 - 2. Body Mass Index (BMI) (less than 21 kg/m2)
 - 3. History of fragility fracture
 - 4. Cigarette smoking
 - 5. Prior fracture
 - 6. Rheumatoid Arthritis
 - 7. Secondary osteoporosis (e.g., type 1 diabetes, osteogenesis imperfecta in adults, longstanding hyperthyroidism, hypogonadism, premature menopause [before age 40], chronic malabsorption and chronic liver disease
 - 8. Exposed to ≥ 5 mg/day of prednisolone for ≥ 3 mo (or equivalent doses of other glucocorticoids)
 - 9. Alcohol use of greater than 2 medium glasses of wine or beer per day
 - 10. Hip fracture in mother or father

B. Criteria For Continuation of Therapy

Continuation requests for may be approved if the following criteria are met:

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- i. There is confirmation of clinically significant response to therapy (including but not limited to confirmation of no new fractures or reduction of fractures, or no worsening vertebral fractures, or no clinically significant adverse reaction); **AND**
- ii. If individual has been on therapy ≥ 24 months of treatment, a repeat BMD demonstrates a stable or increase in BMD.

C. Authorization Duration

- i. Initial Approval Duration: 1 year
- ii. Reauthorization Approval Duration: 1 year

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

Continuation requests for Prolia and its biosilimars may not be approved for the following:

- i. In combination with another denosumab agent [including but not limited to Xgeva (denosumab), Aukelso (denosumab-kyqq), Bilprevda (denosumab-nxxp), Bomynta (denosumab-bnht), Jubereq (denosumabdesu), Osenvelt (denosumab-bmwo), Oziltus (denosumab-mobz), Wyost (denosumab-bbdz), Xbryk (denosumab-dssb), or Xtrenbo (denosumab-qbde); **OR**
- ii. When the above criteria are not met and for all other indications.

Xgeva (denosumab), Wyost (denosumab-bbdz), Bomynta (denosumab-bnht), Xbryk (denosumab-dssb), Osenvelt (denosumab-bmwo), Bilprevda (denosumab-nxxp), Aukelso (denosumab-kyqq), Oziltus (denosumab-mobz)

A. Criteria For Approval

- i. Individual is 18 years of age or older; **AND**
- ii. Individual will have pre-existing hypocalcemia and vitamin D deficiency corrected prior to administration of the medication if applicable; **AND**
- iii. Individual is using for the prevention of skeletal-related events with one of the following conditions:
 - A. Multiple myeloma; **OR**
 - B. Bone metastases from solid tumor other than prostate cancer; **OR**
 - C. Bone metastases from castration resistant/recurrent prostate cancer;

OR

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- iv. Individual is 18 years of age or older; **AND**
- v. Individual is using for the treatment of hypercalcemia of malignancy (defined as an albumin-corrected serum calcium level greater than 12.5 mg/dL (3.1 mmol/L)); **AND**
- vi. Patient is refractory to recent (within last 30 days) treatment with intravenous bisphosphonate therapy (such as pamidronate or zoledronic acid)

OR

- vii. Individual has diagnosis of localized or metastatic giant cell tumor of the bone (GCTB); **AND**
 - A. The patients condition is unresectable; **OR**
 - B. Surgical resection is likely to result in severe morbidity; **AND**
 - C. Individual is 18 years of age or older; **OR**
 - D. Individual is a skeletally mature adolescent (defined by at least one mature long bone [for example; closed epiphyseal growth plate of the humerus])

B. Criteria For Continuation of Therapy

- i. There is documentation of clinically significant response to therapy.

C. Authorization Duration

- i. Initial Approval Duration: 1 year
- ii. Reauthorization Approval Duration: 1 year

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

Continuation requests for Xgeva and its biosimilars may not be approved for the following:

- i. In combination with another denosumab agent [including but not limited to Prolia (denosumab), Bilyos (denosumab-nxxp), Boncresa (denosumab-mobz), Bosaya (denosumab-kyqq), Conxence (denosumabbnht), Enoby (denosumab-qbde), Jubbonti (denosumab-bbdz), Ospomyv (denosumab-dssb), Osvyrti (denosumab-desu), Ponlimsi (denosumab-adet), Stoboclo (denosumab-bmwo)]; **OR**
- ii. When the above criteria are not met and for all other indications.

Ibandronate IV (Boniva)

A. Criteria For Initial Approval

- i. The patient has a diagnosis of postmenopausal osteoporosis defined as

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- A. A bone mineral density (BMD) Tscore $\leq$ -2.5; **OR**
- B. A clinical diagnosis based on history of a low trauma fracture (fragility fracture) or osteoporotic fracture;

AND

- ii. Patient has experienced treatment failure, or contraindication, or adverse side effects, to oral or self-administered drugs for osteoporosis, as evidenced by **ANY** of the following:
 - A. Patient has a diagnosis of esophageal stricture, achalasia, or other severe esophageal dysmotility disorder; **OR**
 - B. Patient has a history of severe malabsorption making use of oral bisphosphonates ineffective; **OR**
 - C. Patient has an inability to stand or sit upright for 60 minutes; **OR**
 - D. Patient has documented adverse effects following the initiation of treatment of the oral form of the medication that required the withdrawal of the oral form of the medication.

OR

- iii. The patient has pain related to cancer with bone metastasis (Compendia; Lexi-Drugs Level of Evidence A; Micromedex IIb)

B. Criteria For Continuation of Therapy

- i. There is confirmation of clinically significant response to therapy (including but not limited to confirmation of no new fractures or reduction of fractures, or no worsening vertebral fractures, or no clinically significant adverse reaction)

C. Authorization Duration

- i. Initial Approval Duration: 1 year
- ii. Reauthorization Approval Duration: 1 year

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Requests for ibandronate IV may not be approved when the above criteria are not met and for all other indications.

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Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

- i. This medical policy may be subject to Step Therapy. Please refer to the document published on the MMM Website: <https://www.mmm-pr.com/planes-medicos/formulario-medicamentos>

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Denosumab Agents for Osteoporosis Quantity Limit

Drug	Dosage
Prolia (denosumab) 60 mg/1 mL prefilled syringe or vial	60 mg SC or IV every 6 months
Jubbonti (denosumab-bbdz) 60 mg/1 mL prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Conexence (denosumab-bnht) 60 mg/mL solution in a single-dose prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Stoboclo (denosumab-bmwo) 60 mg/mL solution in a single-dose prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Ospomyv (denosumab-dssb) 60 mg/mL solution in single-dose prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Bildyos (denosumab-nxxp) 60 mg/mL solution in single-dose prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Bosaya (denosumab-kyqq) 60 mg/mL prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Osvyrti (denosumab-desu) 60 mg/mL prefilled syringe	60 mg (1 prefilled syringe) every 6 months
Boniva (Ibandronate) 1 MG/1 ML	Osteoporosis: 3mg IV every 3 months

Denosumab Agents for Metabolic Bone Disease Quantity Limit

Drug	Dosage
Xgeva (denosumab) 120 mg/1.7 mL vial*	120mg (1 vial) SC every 4 weeks
Wyost (denosumab-bbdz) 120 mg/1.7 mL vial*	120mg (1 vial) SC every 4 weeks
Bomynta (denosumab-bnht) 120 mg/1.7 mL (70 mg/mL) solution in a single-dose vial and in a single-dose prefilled syringe.	120mg (1 vial or prefilled syringe) SC every 4 weeks
Osenvelt (denosumab-bmwo) 120 mg/1.7 mL (70 mg/mL) solution in a single-dose vial	120mg (1 vial) SC every 4 weeks
Xbryk (denosumab-dssb) 120 mg/1.7 mL (70 mg/mL) solution in a single-dose vial	120mg (1 vial) SC every 4 weeks

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Bilprevda (denosumab-nxxp) 120 mg/1.7 mL (70 mg/mL) solution in a single-dose vial	120mg (1 vial) SC every 4 weeks
Aukelso (denosumab-kyqq) 120 mg/1.7 mL vial	1 vial per 28 days
Oziltus (denosumab-mobz) 120 mg/1.7 mL vial	1 vial per 28 days
Exceptions	
Requests for increased quantities may be approved during the first month of therapy for two (2) additional 120 mg doses for the diagnosis of giant cell tumor of the bone (GCTB) OR hypercalcemia of malignancy.	

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Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
C00.0-C39.9	Malignant neoplasm
C40.00-C41.9	Malignant neoplasm of bone and articular cartilage
C43.0-C60.9	Malignant neoplasms
C61	Malignant neoplasm of prostate
C62.00-C75.9	Malignant neoplasms
C76.0-C76.8	Malignant neoplasm of other and ill-defined sites
C79.51	Secondary malignant neoplasm of bone
C90.00-C90.32	Multiple myeloma and malignant plasma cell neoplasms
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage [specified as GCTB]
E83.52	Hypercalcemia
M81.0-M81.8	Osteoporosis without current pathological fracture
M85.80-M85.9	Other specified disorders of bone density and structure [osteopenia]
N95.1	Menopausal and female climacteric states
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z51.11-Z51.12	Encounter for antineoplastic chemotherapy and immunotherapy
Z78.0	Postmenopausal status NOS
M80.0	Age-related osteoporosis with current pathological fracture
N95.9	Unspecified menopausal and perimenopausal disorder
Z79.51-Z79.52	Long term (current) use of steroids
Z79.811	Long term (current) use of aromatase inhibitors
Z79.899	Other long term (current) drug therapy [prophylactic drug therapy]
Z85.00-Z85.45	Personal history of malignant neoplasms
Z85.46	Personal history of malignant neoplasm of prostate
Z85.47-Z85.59	Personal history of malignant neoplasms
Z85.810-Z85.9	Personal history of malignant neoplasms
Z87.310	Personal history of (healed) osteoporosis fracture
M80.00XA- M80.88XS	Osteoporosis with current pathological fracture

HCPCS Codes:

Codes	Description
J0897	Injection, denosumab, 1 mg [Prolia, Xgeva]
J3590	Unclassified biologics [when specified as Jubbonti, Wyost]
J1740	Injection, ibandronate sodium, 1 mg
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg

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Q5157	Injection, denosumab-bmwo (Stoboclo, Osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (Conexence, Bomynta), biosimilar, 1 mg
Q5159	Injection, denosumab-dssb (Ospomyv, Xbryk), biosimilar, 1 mg
Q5161	Injection, denosumab-kyqq (Bosaya, Aukelso), biosimilar, 1 mg
Q5162	Injection, denosumab-nxxp (Bilyos/Bilprevda), biosimilar, 1 mg
Q5165	Injection, denosumab-mobz (Oziltus), biosimilar, 1 mg
Q5166	Injection, denosumab-desu (Osvyrti), biosimilar, 1 mg

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Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Focus Review	Updated background information to add biosimilars products definition and updated Prolia and its biosimilars black box warning. Added Prolia biosimilars (Bosaya and Osvyrti) and Xgeva biosimilars (Aukelso and Oziltus) to the clinical criteria, quantity limits and coding information. Coding Reviewed: added HCPCS codes: Q5157, Q5158, Q5159, Q5161, Q5165, and Q5166. Updated reference information and incorporated new policy template.	8/14/2026	8/19/2026
Focus Review	Coding Reviewed: Added HCPCS Q5162 for Bieldys and Bieldys.	N/A	N/A
Focus Review	Addition of approved biosimilars Bieldys and Bieldys to clinical criteria and quantity limits. Addition of step therapy requirement.	10/31/2025	11/10/2025
Annual Review	Wording update, addition of approved biosimilars to clinical criteria, quantity limits and the policy name. Biosimilars added: <i>Conexence</i> , <i>Ospomyv</i> , <i>Stoboclo</i> , <i>Bomynta</i> , <i>Xbryk</i> , <i>Osenvelt</i> . Added to clinical criteria: Individual will have pre-existing hypocalcemia and vitamin D deficiency corrected prior to administration of the medication if applicable.	7/21/2025	8/8/2025
Annual Review	Wording update, add Jubbonti and Wyost criteria and quantity limit. Coding Reviewed: Added HCPCS J3590 Unclassified biologics when specified as Jubbonti or Wyost. Effective 10/1/24 added HCPCS Q5136 [Jubbonti/Wyost].	11/18/2024	12/17/2024
Policy Inception	New Medical Policy Creation	3/25/2024	6/28/2024

Medical Policy

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