Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

Service Category

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

Service Description

This document addresses the use of Romosozumab-*aqqg* (Evenity®), a sclerostin inhibitor approved by the Food and Drug Administration (FDA) for the treatment of postmenopausal osteoporosis in a select population of women considered at high risk for fracture.

Background Information

Evenity is an anabolic agent, similar to Forteo (teriparatide) and Tymlos (abaloparatide), but has a unique mechanism of action. EVENITY works by inhibiting sclerostin, a key regulator of bone metabolism. This leads to increased bone formation and reduced bone resorption. Studies in animals demonstrate that it stimulates osteoblast activity, promoting new bone growth on trabecular and cortical surfaces, resulting in greater bone mass, improved bone structure, and enhanced strength.

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, initial therapy options are denosumab, abaloparatide, teriparatide, romosozumab, or zoledronic acid. Romosozumab may be viewed as a "rescue drug" in the near term and as an option for patients previously treated with abaloparatide or teriparatide.

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. Romosozumab is recommended for very high risk of fracture, such as those with severe osteoporosis (low T-score < -2.5 and fractures) or multiple vertebral fractures. Women at high risk of cardiovascular disease or stroke should not be considered for romosozumab pending further study.

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). High risk for fracture is defined in the FDA label as history of osteoporotic fracture; or multiple risk factors for fractures; or a 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.

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

The original FDA submission of Evenity was denied based on cardiovascular safety findings in the pivotal studies. In response, the indication was narrowed to women at high risk for fracture and a black box warning was added. In addition, there is a lack of long-term safety and efficacy data with Evenity; therefore, the label limits treatment duration to one year (12 monthly doses).

The black box warning for Evenity indicates the potential risk of myocardial infarction (MI), stroke, and cardiovascular death. It should not be initiated in patients who have had an MI or stroke within the preceding year and should be discontinued if a patient experiences an MI or stroke during therapy.

Approved Indications

A. Treatment of postmenopausal women with osteoporosis at high risk for fracture.

Other Uses

A. N/A

Applicable Codes

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.

HCPCS	Description
J3111	Injection, romosozumab-aqqg, 1 mg Evenity

ICD-10	Description
M80.00XA-M80.88XS	Osteoporosis with current pathological fracture
M81.0-M81.8	Osteoporosis without current pathological fracture

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.

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

Romosozumab-aqqg (Evenity®)

A. Criteria For Initial Approval

Initial requests for Evenity (romosozumab-aqqg) may be approved for the following:

i. Individual is a postmenopausal female with the following:
   - A. A diagnosis of osteoporosis (defined as a bone mineral density (BMD) 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;

   OR

   - B. A clinical diagnosis based on history of a low trauma fracture (fragility fracture) at high risk for fracture; **AND**

ii. The individual meets *one* of the following:
   - A. Individual is at very high risk for fracture as defined by one or more of the following (AACE/ACE 2020):
     1. Recent fracture (within the past 12 months)
     2. Fractures while on approved osteoporosis therapy
     3. Multiple fractures
     4. Fractures while on drugs causing skeletal harm (e.g. long-term glucocorticoids)
     5. Very low T-score (less than -3.0)
     6. High risk for falls or history of injurious falls
     7. Very high fracture probability by FRAX (fracture risk assessment tool) (e.g. major osteoporosis fracture >30%, hip fracture >4.5%) or other validated fracture risk algorithm;

   OR

   - B. Individual has been refractory to a prior trial of a bisphosphonate;

   OR

   - C. Individual is intolerant to or has a contraindication to a bisphosphonate as defined by:
     1. Hypersensitivity to TWO bisphosphonates (one of which must be alendronate);

     OR

     2. Inability to stand or sit upright for at least 30 minutes;

     OR

     3. Pre-existing gastrointestinal disorders (Barrett's esophagus, hypersecretory disorders, delayed esophageal emptying, atrophic gastritis, etc.);

     OR

     4. Severe renal insufficiency as defined by creatinine clearance less than 35 mL/min for alendronate agents and zoledronic acid or creatinine clearance less than 30

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

mL/min for risedronate and ibandronate; **AND**

iii. Individual is not using Evenity (romosozumab-aqqg) in combination with any of the following:
   A. Prolia (denosumab) Xgeva (denosumab) or Jubbonti, Wyost (denosumab-bbdz);
   B. Bisphosphonates;
   C. Evista (raloxifene);
   D. Miacalcin/Fortical (calcitonin nasal spray);
   E. Reclast (zoledronic acid);
   F. Forteo or Bonsity (teriparatide);
   G. Tymlos (abaloparatide); **AND**

iv. Individual has utilized Evenity (romosozumab-aqqg) for a total duration of less than 12 months in their lifetime.

B. Criteria for Continuation of Therapy

i. N/A.

C. 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 Evenity (romosozumab-aqqg) may not be approved when the above criteria are not met and for all other indications.

D. Authorization Duration

i. Approval Duration: 12 months

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

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. N/A

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.

Drug	Limit
Evenity (romosozumab-aqqg) 105 mg/1.17mL prefilled syringe	2 prefilled syringes per month for up to 12 monthly doses
Exceptions	
N/A	

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

Reference Information

1. 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 – 2020 Update. Endocrine Practice. 2020;26(1):1-46. Accessed: June 29, 2022.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 29, 2022.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Eastell R, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 104, Issue 5, May 2019, Pages 1595–1622, https://doi.org/10.1210/jc.2019-00221
6. Shoback D, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update, The Journal of Clinical Endocrinology & Metabolism, Volume 105, Issue 3, March 2020, Pages 587-594.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
8. Cosman F, Crittenden DB, Adachi JD, et al. Romosozumab treatment in postmenopausal women with osteoporosis. N Engl J Med 2016; 375(16):1532-1543.
9. Lewiecki EM, Dinavahi RV, Lazaretti-Castro M, et al. One Year of Romosozumab Followed by Two Years of Denosumab Maintains Fracture Risk Reductions: Results of the FRAME Extension Study. J Bone Miner Res. 2018 Dec 3. Doi: 10.1002/jbmr.3622. [Epub ahead of print].
10. Saag KG, Petersen J, Brandi ML, et al. Romosozumab or Alendronate for Fracture Prevention in Women with Osteoporosis. N Engl J Med 2017; 377(15):1417-27.
11. FDA Advisory Committee: Bone, Reproductive and Urologic Drugs Advisory Committee. FDA Briefing Document romosozumab. January 16, 2019.

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

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Romosozumab – aqqg (Evenity®)	MP-RX-FP-32-23	☒ MMM MA ☒ MMM Multihealth

Policy History

Revision Type	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Policy Review 3/11/2025	Removal of Step Therapy.	3/17/2025	4/2/2025
Annual Review 08/18/2024	Update Service Description (Background Information). Added: conditions not covered, authorization duration, therapeutic alternatives. Add Jubbonti to criteria, add Xgeva and denosumab biosimilars Wyatt and Jubbonti in combination therapy. Wording and formatting changes. Coding Reviewed: No changes.	2/18/2025	3/6/2025
Policy Inception 8/18/2023	Elevance Health's Medical Policy adoption.	N/A	11/30/2023