Denosumab Products: (Prolia®); Denosumab-bbdz (Jubbonti®); Denosumab-dssb (Ospomyv™); Denosumab-bmwo (Stoboclo®); Denosumab-bnht (Conexxence®)

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

POLICY

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

- Treatment of postmenopausal women with osteoporosis 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
- Treatment to increase bone mass in men with osteoporosis 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
- Treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture who are either 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 at least 6 months
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy (ADT) for non-metastatic prostate cancer
- Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

Compendial Uses

- For treatment-related bone loss in patients with prostate cancer receiving androgen deprivation therapy (ADT).
- Treatment in postmenopausal (natural or induced) patients with breast cancer receiving adjuvant aromatase inhibition therapy to maintain or improve bone mineral density and reduce risk of fractures.

All other indications are considered experimental/investigational and not medically necessary.

DOCUMENTATION

Postmenopausal Osteoporosis, Osteoporosis in Men, Glucocorticoid-Induced Osteoporosis
Chart notes or medical record documentation indicating a history of fractures, T-score, and Fracture Risk Assessment Tool (FRAX) fracture probability (if applicable).

Prostate Cancer
Chart notes, medical record documentation, or claims history supporting use of androgen deprivation therapy (ADT).

Breast Cancer
Chart notes, medical record documentation, or claims history supporting use of aromatase inhibition therapy.

COVERAGE CRITERIA

Postmenopausal Osteoporosis

Authorization of 12 months may be granted to postmenopausal members with osteoporosis when EITHER of the following criteria is met:

- Member has a history of fragility fractures (e.g., low trauma fracture from force similar to a fall from standing position).
- 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 B) and meets ANY of the following criteria:
  - Member has indicators of very high fracture risk (e.g., advanced age, frailty, glucocorticoid use, very low T-scores [less than or equal to -3], or increased fall risk)
  - Member has failed prior treatment with or is intolerant to previous injectable osteoporosis therapy (e.g., zoledronic acid [Reclast], teriparatide [Forteo], abaloparatide [Tymlos])
  - 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 A)

Osteoporosis in Men

Authorization of 12 months may be granted to male members with osteoporosis when EITHER of the following criteria is met:

- Member has a history of an osteoporotic vertebral or hip fracture
- Member meets BOTH of the following criteria:
  - 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 B)
  - Member has had an oral or injectable bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with a bisphosphonate (See Appendix A)

Glucocorticoid-Induced Osteoporosis

Authorization of 12 months may be granted for members with glucocorticoid-induced osteoporosis when ALL of the following criteria are met:

- Member is currently receiving or will be initiating glucocorticoid therapy at an equivalent prednisone dose of ≥ 2.5 mg/day for ≥ 3 months.
- Member has had an oral or injectable bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with a bisphosphonate (See Appendix A)
- Member meets ANY of the following criteria:
  - Member has a history of a fragility fracture (e.g., low trauma fracture from force similar to a fall from standing position).
  - Member has a pre-treatment T-score less than or equal to -2.5

- 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 B)

Prostate Cancer

Authorization of 12 months may be granted to members who are receiving androgen deprivation therapy (ADT) for prostate cancer.

Breast Cancer

Authorization of 12 months may be granted to members who are receiving adjuvant aromatase inhibition therapy for breast cancer.

CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who are currently receiving the requested medication through a previously authorized pharmacy or medical benefit, who meet either of the following:

- Member has received less than 24 months of therapy and has not experienced clinically significant adverse events during therapy
- Member has received 24 months of therapy or more and meets both of the following:
  - Member has experienced clinical benefit (i.e., improvement or stabilization in T-score since the previous bone mass measurement)
  - Member has not experienced any adverse effects

APPENDIX

Appendix A. Clinical Reasons to Avoid Oral Bisphosphonate Therapy

- Presence of anatomic or functional esophageal abnormalities that might delay transit of the tablet (e.g., achalasia, stricture, or dysmotility)
- Active upper gastrointestinal problem (e.g., dysphagia, gastritis, duodenitis, erosive esophagitis, ulcers)
- Presence of documented or potential gastrointestinal malabsorption (e.g., gastric bypass procedures, celiac disease, Crohn's disease, infiltrative disorders, etc.)
- Inability to stand or sit upright for at least 30 to 60 minutes
- Inability to take oral bisphosphonate 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

Appendix B. FRAX Fracture Risk Assessment Tool

- High FRAX fracture probability: 10-year major osteoporotic fracture risk ≥ 20% or hip fracture risk ≥ 3%.
- 10-year probability; calculation tool available at: https://frax.shef.ac.uk/FRAX/
- The estimated risk score generated with FRAX should be multiplied by 1.15 for major osteoporotic fracture (including fractures of the spine [clinical], hip, wrist, or humerus) and 1.2 for hip fracture if glucocorticoid treatment is greater than 7.5 mg (prednisone equivalent) per day.

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-

label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

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