AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Prolia	Page:	1 of 4
Effective Date:	4/7/2024	Last Review Date:	4/2024
Applies to:	☒Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☒Virginia	☐Michigan ☒Florida Kids ☒Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Prolia under the patient's prescription drug benefit.

Description:

A. FDA-Approved Indications
   1. 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.
   2. 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.
   3. Treatment of men and women with glucocorticoid-induced osteoporosis at high risk for 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.
   4. Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy (ADT) for non-metastatic prostate cancer
   5. Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

B. Compendial Uses
   1. Prevention or treatment of osteoporosis during androgen deprivation therapy for prostate cancer in patients with high fracture risk
   2. Consider in postmenopausal (natural or induced) patients receiving adjuvant aromatase inhibition therapy along with calcium and vitamin D supplementation to maintain or improve bone mineral density and reduce risk of fractures

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

Applicable Drug List:

Prolia

Policy/Guideline:

Submission of the following information is necessary to initiate the prior authorization review:

- Supporting chart notes or medical record indicating a history of fractures, T-score, and FRAX fracture probability as applicable below:

A. Postmenopausal osteoporosis

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

1. Member has a history of fragility fractures
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 B) and meets ANY of the following criteria:
   a. 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)
   b. Member has failed prior treatment with or is intolerant to previous injectable osteoporosis therapy
   c. 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)

B. Osteoporosis in men

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

1. Member has a history of an osteoporotic vertebral or hip fracture
2. Member meets BOTH of the following criteria:
   a. 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)
   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)

C. Glucocorticoid-induced osteoporosis

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

1. Member is currently receiving or will be initiating glucocorticoid therapy at an equivalent prednisone dose of ≥ 2.5 mg/day for ≥ 3 months.
2. Member 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)
3. Member meets ANY of the following criteria:
   a. Member has a history of a fragility fracture
   b. Member has a pre-treatment T-score less than or equal to -2.5

c. 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)

D. Breast cancer

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

E. Prostate cancer

Authorization of 12 months may be granted to members who are receiving androgen deprivation therapy for prostate 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 ONE of the following:

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

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. WHO Fractures 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://www.sheffield.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.

Approval Duration and Quantity Restrictions:

Approval: Initial and Renewal: 12 months

Quantity Level Limit: 60 mg per 6 months
Reference Formulary for drug specific quanitity level limits

References:

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8. Gralow JR, Biermann JS, Farooki A, et al. NCCN Task Force Report: Bone Health in Cancer Care. *J Natl Compr Canc Netw*. 2013; 11(Suppl 3):S1-50.
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