

Evenity (Romosozumab-Aqqg)

Drug names

1. Evenity
2. Romosozumab-aqqg

Description

Evenity (romosozumab-aqqg) is used to treat osteoporosis in postmenopausal women with a high risk of bone fracture who cannot use other osteoporosis medications (or when other medications did not work).

It is administered by subcutaneous injection.

Commercial

A Pharmacy Clinical Guideline, *Evenity (romosozumab-aqqg)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 8.15.19:** Refer to the [New-to-Market Medical Pharmacy Products](#) policy.
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit or outpatient hospital benefits.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Covered based on place of service. Quote office visit or outpatient hospital benefits.• Medicare is the primary payer.• Follows Medicare guidelines.• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none">• A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management.• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i><ul style="list-style-type: none">– DOS prior to 8.15.19: Refer to the New-to-Market Medical Pharmacy Products policy.– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.• Covered based on place of service. Quote office visit or outpatient hospital benefits.• Medica is the only payer.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Government Programs, continued

Plan	Coverage
Advantage	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – DOS prior to 8.15.19: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Administration: Covered under office visit benefits. Check EOC for primary or specialist cost sharing. – Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per the Medicare Product Grid. • Medica is the only payer.
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Administration: Covered under office visit benefits. Check EOC; copays depend on place of service. – Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Government Programs, continued

Plan	Coverage
Medicaid (SPP)	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – DOS prior to 8.15.19: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit or outpatient hospital benefits.
Prime	<ul style="list-style-type: none"> • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Administration: Covered under office visit benefits. Check EOC for primary or specialist cost sharing. – Drug (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select, Signature	<ul style="list-style-type: none"> • Covered based on place of service. Quote office visit or outpatient hospital benefits. • Medicare supplement. Medicare is the primary payer. • Follows Medicare guidelines.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Evenity (romosozumab-aqqg)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **DOS prior to 8.15.19:** Refer to the [New-to-Market Medical Pharmacy Products](#) policy.
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit or outpatient hospital benefits.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>. <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient hospital POS: PA is not required. – Providers: All providers, including Mayo Clinic providers, require PA. – Medicare supplement: PA does not apply. • Covered based on place of service. Quote office visit or outpatient hospital benefits.
All others	<ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Evenity (romosozumab-aqqg)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – DOS prior to 8.15.19: Refer to the New-to-Market Medical Pharmacy Products policy. – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit or outpatient hospital benefits.

National Account Member Services (NAMS)

A Medical Policy, *Evenity™ (Romosozumab-Aqqg)*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit or outpatient hospital benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs - NAMS](#) for special dispensing requirements.

Continued on next page

Evenity (Romosozumab-Aqqg), Continued

Document history

The document history for the past 12 months is outlined below.

Note: See the KN for complete document history. Email questions to CSKNupdate@medica.com.

Date	Description
5.13.20	MHPS - Updated MMP with Magellan policy info.
12.30.19	Updated to new template.
8.1.19	New A-Z sheet.

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
System		
<input type="checkbox"/> CCMS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input type="checkbox"/> PBM (Choose an item.) <input checked="" type="checkbox"/> N/A		
Departments		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Payment Integrity <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	