

POLICY NAME	Tymlos (abaloparatide)	POLICY #	2611P
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Criteria

Treatment of osteoporosis in adults

- ☐ 1.1 Diagnosis of osteoporosis
- ☐ 1.2 High-risk for fractures
- ☐ 1.3 Postmenopausal female or male
- ☐ 1.4 Documented failure, intolerance, or contraindication to any of the following; OR:
 - two oral bisphosphonates, such as alendronate or ibandronate References
 - one oral bisphosphonate and IV zoledronic acid (Reclast)
 - one oral bisphosphonate and denosumab (Prolia)
- ☐ 1.5 Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
- ☐ 1.6 Patients with severe osteoporosis (T-score \leq -3 or several vertebral fractures) can bypass trial with bisphosphonates/Prolia based on evidence supporting maximized bone density when receiving Tymlos prior to bisphosphonates/Prolia

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Combination therapy involving the use of Tymlos with another bone mineral density-modifying drug
- ☐ 3.2 Treatment with Tymlos following long-term bisphosphonate use in patients seeking a drug holiday, and the continued use of bisphosphonates is not contraindicated
- ☐ 3.3 Treatment of osteopenia
- ☐ 3.4 Tymlos will not be covered if the member has previously been treated with Forteo for 24 months or Evenity for 12 months CPT Codes HCPCS Codes