

POLICY NAME	Evenity (romosozumab)	POLICY #	2756P
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Combination therapy involving the use of romosozumab concurrently with another bone mineral density modifying drug
- ☐ **2.2** Treatment of osteopenia
- ☐ **2.3** Evenity will not be covered if the member has previously been treated with Forteo or Tymlos

Coverage Criteria

- ☐ **1.1** Documented diagnosis of osteoporosis in a postmenopausal woman
- ☐ **1.2** Documented T-score below -2.5 OR documentation that the patient is at high risk for bone fracture
- ☐ **1.3** Documented failure to respond, intolerance, or contraindication to any of the following: OR
 - Two oral bisphosphonates (alendronate, ibandronate)
 - One oral bisphosphonate and IV zoledronic acid (Reclast)
 - One oral bisphosphonate and denosumab (Prolia)
- ☐ **1.4** Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
- ☐ **1.5** 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 Evenity prior to bisphosphonates/Prolia