

POLICY NAME

Tymlos (abaloparatide)

POLICY #

2611P

Criteria

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

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

Approval Times



2.1 Up to 24 months (lifetime)

- Approved members are eligible for a maximum of 24 months total of Parathyroid Hormone Analog treatment, including both Forteo (teriparatide) and Tymlos (abaloparatide) therapies