

POLICY NAME	Tymlos (abaloparatide)	POLICY #	2611P
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Criteria

Treatment of osteoporosis in adults

- ☐ Diagnosis of osteoporosis
- ☐ High-risk for fractures
- ☐ Postmenopausal female or male
- ☐ 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)
- ☐ Documented severe osteoporosis with continued fracture after one year of continuous bisphosphonate use
- ☐ 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

- ☐ Combination therapy involving the use of Tymlos with another bone mineral density- modifying drug
- ☐ Treatment with Tymlos following long-term bisphosphonate use in patients seeking a drug holiday, and the continued use of bisphosphonates is not contraindicated
- ☐ Treatment of osteopenia
- ☐ 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