

Date Effective: 9/2017
Revised: 11/2019, 2/2020
Reviewed: 9/2017, 11/2018, 11/2019, 2/2020, 7/2021, 5/2022, 5/2023, 5/2024, 10/2025
Scope: Medicaid

NON-ONCOLOGY POLICY

PROLIA (denosumab)

For oncology indications, refer to NHPRI Oncology Prolia policy

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Treatment of postmenopausal women with osteoporosis at high risk for fracture
2. Treatment to increase bone mass in men with osteoporosis at high risk for fracture
3. Treatment of men and women with glucocorticoid-induced osteoporosis at high risk for fracture

All other indications are considered experimental/investigational and are not a covered benefit.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

Supporting chart notes or medical record indicating a history of fractures, T-score, and FRAX fracture probability as applicable to Sections III.A, III.B, and III.C.

III. CRITERIA FOR INITIAL APPROVAL

A. **Osteoporosis in Postmenopausal Women**

Authorization of 12 months may be granted to postmenopausal female members when ANY of the following criteria are met:

1. Member has a history of fragility fractures
2. Member has a pre-treatment T-score ≤ -2.5 OR member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than or equal to -1) with a high pre-treatment FRAX fracture probability (See Appendix B) and meets ANY of the following criteria:
 - a. Member has indicators of higher fracture risk (e.g., advanced age, frailty, glucocorticoid use, very low T-scores, or increased fall risk)

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- b. Member has failed prior treatment with or is intolerant to previous injectable osteoporosis therapy (e.g., zoledronic acid [Reclast], teriparatide [Forteo])
- c. Member has had an oral bisphosphonate trial of at least 1-year duration or there is a clinical reason to avoid treatment with an oral bisphosphonate (See Appendix A)

B. Osteoporosis in Men

Authorization of 12 months may be granted to male members with osteoporosis when ANY of the following criteria are met:

- 1. Member has a history of an osteoporotic vertebral or hip fracture
- 2. Member meets both of the following criteria:
 - a. Member has a pre-treatment T-score less than or equal to -2.5 OR member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than -1) with a high pre-treatment FRAX fracture probability (See Appendix B)
 - b. Member has had an oral OR injectable bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with a bisphosphonate (See Appendix A)

C. Glucocorticoid-induced Osteoporosis

Authorization of 12 months may be granted to members with glucocorticoid-induced osteoporosis when ALL of the following criteria are met:

- 1. Member is currently receiving or will be initiating glucocorticoid therapy at an equivalent prednisone dose of ≥ 2.5 mg/day for ≥ 3 months
- 2. Member has had an oral bisphosphonate trial of at least 1-year duration OR there is a clinical reason to avoid treatment with an oral bisphosphonate (See Appendix A)
- 3. Member meets ANY of the following criteria:
 - a. Member has a history of a fragility fracture
 - b. Member has a pre-treatment T-score ≤ -2.5
 - c. Member has osteopenia (i.e., pre-treatment T-score greater than -2.5 and less than or equal to -1) with a high pre-treatment FRAX fracture probability (See Appendix B)

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who are currently receiving the requested medication and meet one of the following:

- 1. Member has experienced clinical benefit (e.g., no new fracture seen on radiography) and has not experienced clinically significant adverse events during therapy.
- 2. Member has experienced clinical benefit as evidenced by a bone mass measurement showing an improvement or stabilization in T-score compared with the previous bone mass measurement and member has not experienced any adverse effects.

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V. QUANTITY LIMIT

1 syringe per 6 months

VI. APPENDIX

Appendix A. Clinical reasons to avoid oral bisphosphonate therapy

- Esophageal abnormality that delays emptying such as stricture of achalasia
- Active upper gastrointestinal problem (e.g., dysphagia, gastritis, duodenitis, erosive esophagitis, ulcers)
- Inability to stand or sit upright for at least 30 to 60 minutes
- Inability to take at least 30 to 60 minutes before first food, drink, or medication of the day
- Renal insufficiency (creatinine clearance <35 mL/min)
- History of intolerance to an oral bisphosphonate

Appendix B. WHO Fracture Risk Assessment Tool

- High FRAX fracture probability: 10 year major osteoporotic fracture risk $\geq 20\%$ or hip fracture risk $\geq 3\%$
- 10-year probability; calculation tool available at: <http://www.shef.ac.uk/FRAX/tool.jsp>
- The estimated risk score generated with FRAX should be multiplied by 1.15 for major osteoporotic fracture and 1.2 for hip fracture if glucocorticoid treatment is greater than 7.5 mg per day

VII. REFERENCES

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