Denosumab - Prolia



Included Products: Prolia (denosumab)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 12/07/10 Revised: 09/13/2018 Reviewed: 09/14/2023 Updated: 10/01/2023

All Diagnoses				
Initial Criteria		If yes	If no	
1.	Is the member a post-menopausal female with osteoporosis with ONE of the following: a. Radiographic evidence of an osteoporotic fracture while compliant on an oral bisphosphonate for at least 12 months. b. High risk of fracture AND i. documented adverse event with an oral bisphosphonate despite proper administration, OR ii. contraindication (previous hypersensitivity, esophageal abnormality, hypocalcemia, inability to stand or sit upright for 30 minutes) to oral bisphosphonates.	Continue to #5.	Continue to #2.	
2.	Does the member have glucocorticoid-induced osteoporosis (on prednisone 7.5mg/day or equivalent for at least 6 months) with ONE of the following? a. Radiographic evidence of an osteoporotic fracture while compliant on an oral bisphosphonate for at least 12 months. b. High risk of fracture AND i. documented adverse event with an oral bisphosphonate despite proper administration, OR ii. contraindication (previous hypersensitivity, esophageal abnormality, hypocalcemia, inability to stand or sit upright for 30 minutes) to oral bisphosphonates.	Continue to #5.	Continue to #3.	

3.	Does the member have a diagnosis of ONE of the following?	Continue to #4.	Do not approve.
	 a. Non-metastatic prostate cancer and receiving androgen deprivation therapy (ADT). 		
	b. Breast cancer receiving adjuvant aromatase inhibitor (AI) therapy.		
	c. Male with osteoporosis.		
4.	Is the member at high risk for fracture?	Continue to #5.	Do not approve.
5.	Has the member tried and failed or have contraindications to zoledronic acid?	Continue to #6.	Do not approve.
6.	Approve for 12 months.		