

Romosozumab



Included Products: Evenity (romosozumab-aqqg)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/11/2019

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All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have any of the following contraindications: a. Uncorrected hypocalcemia or b. A stroke or MI within the last 12 months	Do not approve. Not medically appropriate.	Continue to #2.
2.	Is the member a post-menopausal female with high risk of fracture defined by ONE of the following: a. history of osteoporotic fracture b. multiple risk factors for fracture (such as bone mineral density less than -2.5, previous minimal trauma fracture as an adult, low weight or body mass index, history of hip fracture in a first degree relative, tall stature or use of tobacco) c. failure of other available osteoporosis therapies	Continue to #3.	Do not approve.
3.	Has the member had a documented adverse event with a bisphosphonate despite proper administration or contraindication to bisphosphonates?	Continue to #4.	Do not approve.
4.	Has the member tried and failed or have a contraindication to Prolia?	Continue to #5.	Do not approve and recommend Prolia.
5.	Approve for 12 months (maximum approved duration by the FDA).		