Children's Hospital and Health System
Chorus Community Health Plans
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Children's Community Health Plan
☐ Children's Medical Group - Primary Care	☐ Children's Specialty Group
☐ Children's Medical Group - Urgent Care	☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: DENOSUMAB (PROLIA, XGEVA) *

INCLUDED PRODUCT(S):

Medicaid	**Individual and Family**
☒ BadgerCare Plus	☒ Commercial
☒ Care4Kids Program	☒ Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of denosumab (Prolia, Xgeva).

*****_This policy is adapted from MCG guideline A-0644 (denosumab), with one additional FDA approved indication. References cited in this policy are from MCG guideline A-0644._

FDA Approved Indication(s):

Prolia:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture
- Treatment to increase bone mass in men with osteoporosis at risk for fracture
- Treatment for glucocorticoid-induced osteoporosis in men and women at high risk for fracture
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer

- Treatement to increase bone mass in women at high risk for fracture who are receiving adjuvant aromatase inhibitor therapy for breast cancer.

Xgeva:

- Prevention of skeletal related events in members with multiple myeloma and in members with bone metastases from solid tumors
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy

POLICY:

- Denosumab may be indicated for **1 or more** of the following (1)(2)(3):
    - Giant cell tumor of bone in adult or skeletally mature adolescent, as indicated by **ALL** of the following[A](13)(14):
        - Dental evaluation prior to drug initiation[B](26)(27)
        - Documented need for denosumab, as indicated by **1 or more** of the following:
            - Recurrent disease
            - Unresectable disease, or tumor location where surgical resection will likely result in severe morbidity (28)
        - Hypocalcemia absent or treated with calcium and vitamin D as necessary
        - Member is not pregnant.
    - Hypercalcemia of malignancy, as indicated by **ALL** of the following[C](29)(30)(31):
        - Age 18 years or older
        - Dental evaluation prior to drug initiation[B](26)(27)(35)
        - Hypercalcemia due to current malignancy and refractory to bisphosphonate therapy
        - Serum calcium of 12.5 mg/dL (3.1 mmol/L) or greater, after correction for serum albumin
        - Member is not pregnant.
    - Osteoporosis and need for treatment in member at high risk for fracture, as indicated by **1 or more** of the following[D](38)(39)(40)(41):
        - Postmenopausal female with osteoporosis and **ALL** of the following(37)(65)(66):
            - Documented osteoporosis, as indicated by **1 or more** of the following(37)(65)(66)(67)(68)(69):
                - Femoral neck, spine, or total hip bone mineral density T-score between -1.0 to -2.5 and **1 or more** of the following:
                    - Fracture Risk Assessment Tool (FRAX®)[E] 10-year probability for major osteoporotic fracture of 20% or greater
                    - Fracture Risk Assessment Tool (FRAX®)[E] 10-year probability of hip fracture greater than country-specific threshold (eg, 3% or greater in the United States)[F]
                - Femoral neck, spine, or total hip bone mineral density T-score -2.5 or less
                - Hip or vertebral fragility (ie, low-trauma) fracture in member 50 years or older

- Member at high risk for fracture, as indicated by **1 or more** of the following[G]:
    - Failure of, inability to tolerate, or contraindication to other available osteoporosis therapy, including **1 or more** of the following:
        - Abaloparatide
        - Calcitonin
        - Intravenous bisphosphonate (eg, ibandronate, zoledronic acid)
        - Oral bisphosphonate (eg, alendronate, risedronate, ibandronate)
        - Raloxifene
        - Teriparatide
    - Risk factors for fracture, as indicated by **1 or more** of the following (37)(40)(65)(68)(69)(72):
        - Alcohol intake of 3 or more drinks per day
        - Body mass index (BMI) less than 20
        - Current cigarette use
        - Glucocorticoid use of 3 or more months' duration
        - Parental hip fracture
        - Personal history of fragility or osteoporotic fracture
        - Rheumatoid arthritis (confirmed diagnosis)
- No hypocalcemia at time of administration
- Dental evaluation prior to drug initiation[B](26)(27)(35)

- Male with osteoporosis and **ALL** of the following:
    - Documented osteoporosis, as indicated by **1 or more** of the following (37)(65)(66)(67)(68)(69):
        - Femoral neck, spine, or total hip bone mineral density T-score between -1.0 to -2.5 and **1 or more** of the following:
            - Fracture Risk Assessment Tool (FRAX®)[E] 10-year probability for major osteoporotic fracture of 20% or greater
            - Fracture Risk Assessment Tool (FRAX®)[E] 10-year probability of hip fracture greater than country-specific threshold (eg, 3% or greater in the United States)[F]
        - Femoral neck, spine, or total hip bone mineral density T-score -2.5 or less
        - Hip or vertebral fragility (ie, low-trauma) fracture in member 50 years or older
    - Member at high risk for fracture, as indication by **1 or more** of the following:
        - Failure of, inability to tolerate, or contraindication to other available osteoporosis therapy, including **1 or more** of the following:
            - Calcitonin
            - Intravenous bisphosphonate (eg, ibandronate, zoledronic acid)
            - Oral bisphosphonate (eg, alendronate, risedronate, ibandronate)
            - Raloxifene

        - Teriparatide
    - Risk factors for fracture, as indicated by **1 or more** of the following (37)(40)(65)(68)(69)(72):
        - Alcohol intake of 3 or more drinks per day
        - BMI less than 20
        - Current cigarette use
        - Glucocorticoid use of 3 ore more months' duration
        - Parental hip fracture
        - Personal history of fragility or osteoporotic fracture
        - Rheumatoid arthritis (confirmed diagnosis)
- No hypocalcemia at time of administration
- Dental evaluation prior to drug initiation[B](26)(27)(35)

▪ Glucocorticoid-induced osteoporosis in male or female, as indicated by **ALL** of the following (62)(73):
- Age 18 years or older
- Dental evaluation prior to drug initiation[B](26)(27)(35)
- Documented osteoporosis, as indicated by **1 or more** of the following:
    - Femoral neck, lumbar spine, or total hip bone mineral density T-score of less than -2.0(74)
    - History of osteoporotic fracture (75)
- Duration of glucocorticoid therapy expected to be 6 months or greater
- Glucocorticoid daily dose equivalent to 7.5 mg or greater of prednisone
- Member at high risk for fracture, as indicated by **1 or more** of the following:
    - Failure of, inability to tolerate, or contraindication to other available osteoporosis therapy, including **1 or more** of the following:
        - Abaloparatide (female only)
        - Calcitonin
        - Intravenous bisphosphonate (eg, ibandronate, zoledronic acid)
        - Oral bisphosphonate (eg, alendronate, risedronate, ibandronate)
        - Raloxifene
        - Teriparatide
    - Risk factors for fracture, as indicated by **1 or more** of the following (37)(40)(65)(68)(69)(72):
        - Alcohol intake of 3 or more drinks per day
        - BMI less than 20
        - Current cigarette use
        - Glucocorticoid use of 3 or more months' duration
        - Parental hip fracture
        - Personal history of fragility or osteoporotic fracture
        - Rheumatoid arthritis (confirmed diagnosis)
- No hypocalcemia at time of administration
- Member is not pregnant.

o Prevention of bone loss in female with breast cancer, as indicated by **ALL** of the following[D](76)(77):

        - Dental evaluation prior to drug initiation[B](26)(27)(35)
        - Member receiving adjuvant therapy with aromatase inhibitor
        - Risk factors for fracture, as indicated by **2 or more** of the following(82):
            - Age older than 65 years
            - Alcohol intake of 3 or more drinks per day
            - BMI less than 20
            - Bone mineral density T-score less than -1.5
            - Current cigarette use
            - Glucocorticosteroid use of 3 or more months' duration(83)
            - Parental hip fracture
            - Personal history of fragility fracture or osteoporotic fracture
            - Rheumatoid arthritis (confirmed diagnosis)
        - No hypocalcemia at time of administration
        - Member is not pregnant.
    - Prevention of bone loss in male with prostate cancer, as indicated by **ALL** of the following[D](77)(84)(85)(86):
        - Age 50 years or older(88)
        - Bone mineral density T-score between -1.0 and -2.5
        - Dental evaluation prior to drug initiation[B](26)(27)(35)
        - Member receiving androgen deprivation therapy(88)
        - Risk factors for fracture, as indicated by **1 or more** of the following (37)(40)(65)(68)(69)(72):
            - Alcohol intake of 3 or more drinks per day
            - BMI less than 20
            - Current cigarette use
            - Glucocorticoid use of 3 or more months' duration
            - Parental hip fracture
            - Personal history of fragility or osteoporotic fracture
            - Rheumatoid arthritis (confirmed diagnosis)
        - No hypocalcemia at time of administration
    - Prevention of skeletal related events in members with multiple myeloma or with any type of cancer metastatic to bone, as indicated by **ALL** of the following[H](77)(90)(91)(92):
        - Age 18 years or older
        - Dental evaluation prior to drug initiation[B](26)(27)(35)
        - Hypocalcemia absent or treated with calcium and vitamin D as necessary
        - Diagnosis of **ONE** of the following:
            - Symptomatic multiple myeloma
            - Osteolytic bone lesions or bone metastases from any type of cancer
        - Standard antineoplastic therapy continues.
        - Member is not pregnant.

Applicable Codes:

HPCS Code: J0897

Background – (Multiple myeloma focused):

Denosumab is FDA approved for the prevention of skeletal related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. The NCCN Guidelines for Multiple Myeloma recommend bisphosphonates (category 1) or denosumab (category 2A) for all patients receiving therapy for multiple myeloma, regardless of documented bone disease. Denosumab is preferred by the NCCN panel in patients with renal disease. The NCCN panel recommends a baseline dental exam and ongoing monitoring for jaw osteonecrosis for patients receiving a bone-modifying agent.

For background and references related to indications other than multiple myeloma, see MCG guideline A-0644(AC)

References:

1. Denosumab. MCG Health Ambulatory Care Guideline A-0644(AC). MCG Health Accessed at: https://chw.carewebqi.com/guidelines [accessed 2022 June 22]
2. Kumar S, et al. Multiple Myeloma. NCCN Clinical Practice Guidelines in Oncology [Internet] National Comprehensive Cancer Network (NCCN). v. 5.2022; 2020 May Accessed at: https://www.nccn.org/guidelines/category_1. [accessed 2022 June 22]
3. Xgeva (denosumab) injection. Prescribing Information Amgen Inc. 2020 Jun. Accessed at: https://www.pi.amgen.com/. [accessed 2022 June 22]