PROLIA® (denosumab) Injection

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

INITIATION OF THERAPY:
For the treatment of men and postmenopausal women with osteoporosis at high risk for fracture:

- Documented diagnosis of osteoporosis with a DXA hip (femoral neck) or spine T-score ≤ -2.5 (dated within the past year). *(Must be confirmed in medical records.)*
  - No Reclast trial required
  - OR
- History of a fracture of the spine or hip. *(Must be confirmed in medical records.)*
  - No Reclast trial required
  - OR
- Trial (minimum of one year) and failure of the bisphosphonate Reclast (zoledronate).
  - NOTE: If the patient is unable to swallow oral bisphosphonates or unable to maintain an upright position after taking an oral bisphosphonate a trial of IV Reclast is still required.
  - Failure may be defined as intolerance (adverse reaction, contraindication . . .) to other bisphosphonates or no increase from baseline bone mineral density (BMD) (as indicated by the T-score history) or recurring fractures (in the absence of major trauma) following at least one year of therapy.
  - If patient has adverse reaction to other bisphosphonates, a one year trial is not required. –
  - AND
- History of T-score between -1.0 and -2.5 if FRAX (WHO fracture Risk Assessment Tool) major osteoporotic fracture probability is ≥ 20% or hip fracture probability is 3%. *(Must be confirmed in medical records.)*

For the treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer; treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer; treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture:

- Verify diagnosis through progress notes
CONTINUATION OF THERAPY:
  • Medical records must demonstrate a stable BMD (within interventional goals) or an increasing BMD after a minimum trial of one year of therapy.
    o T-score test results may date back as far as five years.
    o Depending on level of BMD progression retesting may be done from every one to five years.
    o Medical records should demonstrate improvement by providing reference to the sequential progression or stability of the BMD.

DOSING:
  • Prolia should be administered by a healthcare professional.
  • Administered as 60 mg every 6 months as a subcutaneous injection in the upper arm, upper thigh, or abdomen.