

Evenity™ (romosozumab-aqqg)



When requesting Evenity™ (romosozumab-aqqg), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved Indication

Evenity is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

Coverage Guidelines

Treatment of osteoporosis in postmenopausal women

An individual has received no more than 12 monthly doses during this therapy course;

AND

An individual has had an osteoporotic fracture or a fragility fracture;

OR

An individual must meet **BOTH** of the following criteria for approval:

- Must have one of the following criteria:
 - o Has had a T-score at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% radius (wrist) OR
 - o Has low bone mass (T-score between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% radius [wrist] and is at high risk for fracture
- AND**
- Must have one of the following criteria:
 - o Has experienced inadequate efficacy to oral bisphosphonate therapy after a 12-month trial (e.g., ongoing and significant loss of bone mineral density [BMD], lack of BMD increase) OR
 - o Has experienced intolerance to an oral bisphosphonate (e.g., severe gastrointestinal related adverse events, severe musculoskeletal-related adverse events, a femoral fracture) OR
 - o Is unable to take an oral bisphosphonate due to one of the following conditions: 1) cannot swallow or has difficulty swallowing, 2) cannot remain in an upright position post oral bisphosphonate administration; 3) has a pre-existing gastrointestinal medical condition (e.g., esophageal lesions, esophageal ulcers, abnormalities of the esophagus that delay esophageal emptying [stricture, achalasia]) OR
 - o Has tried an IV bisphosphonate agent (e.g., ibandronate injection [Boniva] , zoledronic acid injection [Reclast]) OR
 - o Has severe renal impairment (creatinine clearance [CrCl] less than 35 mL/min) OR
 - o Has chronic kidney disease.

Approval duration: 12 months (lifetime)

Dosing Recommendation

Approve 210 mg subcutaneously once every month for no more than 12 monthly doses during a therapy course.

References

1. Evenity™ injection for subcutaneous use [prescribing information]. Thousand Oaks, CA: Amgen; April 2020.
2. Shoback D, Rosen CJ, Black DM, et al. Pharmacological management of osteoporosis in postmenopausal women: an Endocrine Society guideline update. *J Clin Endocrinol Metab*. 2020;105(3):587-594.