

**Pre - PA Allowance**None

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**Prior-Approval Requirements****Age** 18 years of age or older**Diagnosis**

Patient must have the following:

Postmenopausal women with osteoporosis

**AND ALL** of the following:

- a. Inadequate treatment response, intolerance, or contraindication to bisphosphonate therapy **OR** Prolia (denosumab)
- b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
- c. Patient has T-score below -2.5 **OR** patient is at high risk for bone fracture(s) (prior osteoporotic fracture or multiple risk factors for fracture)
- d. **NO** myocardial infarction or stroke within the preceding year
- e. **NO** cumulative therapy with Evenity for longer than 12 months
- f. **NO** concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 1)

**Prior - Approval Limits****Quantity** 6 prefilled syringes per 90 days**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

None

**Prior - Approval *Renewal* Limits**

None



Federal Employee Program.

**EVENITY**  
**(romosozumab-aqqg)**

**Appendix 1 - List of PA Osteoporosis Medications**

Generic Name	Brand Name
abaloparatide	Tymlos
denosumab	Prolia
romosuzumab-aqqg	Evenity
teriparatide	Bonsity
teriparatide	Forteo
teriparatide	Teriparatide