

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Osteoporosis
2. Breast cancer in female patients receiving aromatase-inhibitor therapy
3. Non-metastatic prostate cancer in male patients receiving androgen deprivation therapy

**AND ALL** of the following for **ALL** diagnoses:

- a. Inadequate treatment response, intolerance, or contraindication to bisphosphonate therapy
- b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
- c. High risk for bone fracture(s)
- d. **NO** concurrent therapy with another RANKL-inhibitor (see Appendix 1)
- e. **NO** concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)

## Prior - Approval Limits

**Quantity** 2 syringes/ vials per 12 months

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Osteoporosis
2. Breast cancer in female patients receiving aromatase-inhibitor therapy
3. Non-metastatic prostate cancer in male patients receiving androgen deprivation therapy



**BlueCross  
BlueShield**

Federal Employee Program.

**PROLIA  
(denosumab)**

**AND ALL** of the following for **ALL** diagnoses:

- a. **NO** concurrent therapy with another RANKL-inhibitor (see Appendix 1)
- b. **NO** concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)

## **Prior - Approval *Renewal* Limits**

Same as above

**Appendix 1 - List of RANKL Inhibitors**

<b>Generic Name</b>	<b>Brand Name</b>
denosumab	Prolia
denosumab	Xgeva

**Appendix 2 - List of PA Osteoporosis Medications**

<b>Generic Name</b>	<b>Brand Name</b>
abaloparatide	Tymlos
denosumab	Prolia
romosuzumab-aqqg	Evenity
teriparatide	Bonsity
teriparatide	Forteo
teriparatide	Teriparatide