PRIOR AUTHORIZATION POLICY

POLICY: Bone Modifiers – Tymlos Prior Authorization Policy
- Tymlos® (abaloparatide subcutaneous injection – Radius)

REVIEW DATE: 10/23/2024

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna National Formulary Coverage:

Overview
Tymlos, a human parathyroid hormone related peptide analog, is indicated for the following uses:[1]
- **Osteoporosis, treatment of postmenopausal women**, at high risk for fracture.
- **Osteoporosis, treatment to increase bone density in men**, at high risk for fracture.

Patients at high risk for fracture are defined as those with a history of osteoporotic fracture, have multiple risk factors for fracture, or have failed or are intolerant to other osteoporosis therapy.

Guidelines
Guidelines for osteoporosis in postmenopausal women from the Endocrine Society (2019)[2] as well as from the American Association of Clinical Endocrinologists and the American College of Endocrinology (2020)[3] discuss Tymlos. In general, Tymlos is one of several alternatives recommended in patients who are at high risk of fracture or in those unable to utilize oral bisphosphonate therapy. The Bone Health and Osteoporosis clinician guide to prevent and treat osteoporosis (2022) cites robust reductions in vertebral and non-vertebral fractures with Tymlos therapy in postmenopausal women with osteoporosis.[4]

Safety

The prescribing information for Tymlos states that the safety and efficacy of Tymlos have not been evaluated beyond 2 years of therapy. Use of the medication for more than 2 year during a patient's lifetime is not recommended. There are limited data evaluating the risk of osteosarcoma beyond 2 years of Tymlos and/or use of a parathyroid hormone analog. Avoid use of Tymlos in patients who are at increased baseline risk of osteosarcoma (e.g., open epiphyses [pediatric and young adult patients], those with metabolic bone disease, patients with bone metastases or a history of skeletal malignancies).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Tymlos. All approvals are provided for the duration noted below. In the approval indication, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: men are defined as individuals with the biological traits of a man, regardless of the individual's gender identity or gender expression.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Osteoporosis Treatment for a Postmenopausal Patient.** Approve for up to 2 years (total) during a patient's lifetime if the patient meets BOTH of the following (A and B):
   Note: For example, a patient who has already received 3 months of treatment with Tymlos should be approved for a duration of 21 months. This allows for completion of a maximum of 2 years of therapy during the patient's lifetime.
   A) Patient meets ONE of the following (i, ii, or iii):
      i. Patient has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist); OR
      ii. Patient has had an osteoporotic fracture or a fragility fracture; OR
      iii. The patient meets BOTH of the following (a and b):
         a) Patient has low bone mass; AND
            Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist).
         b) According to the prescriber, patient is at high risk for fracture; AND
   B) Patient meets ONE of the following (i, ii, iii, or iv):
      i. Patient has tried ibandronate intravenous injection (Boniva) or zoledronic acid intravenous infusion (Reclast); OR
      ii. Patient has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets ONE of the following (a or b):
         Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D (alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), and Boniva (ibandronate tablets).
         a) According to the prescriber, patient has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months; OR
            Note: Examples of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack or a BMD increase, and/or an osteoporotic fracture or a fragility fracture.

b) Patient has experienced significant intolerance to an oral bisphosphonate; OR
Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.

iii. Patient cannot take an oral bisphosphonate due to ONE of the following (a, b, or c):
- **a)** Patient cannot swallow or has difficulty swallowing; OR
- **b)** Patient cannot remain in an upright position post oral bisphosphonate administration; OR
- **c)** Patient has a pre-existing gastrointestinal medical condition; OR
  Note: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia).

iv. Patient meets ONE of the following (a or b):
- **a)** According to the prescriber, the patient has severe renal impairment or chronic kidney disease; OR
  Note: An example of severe renal impairment is a creatinine clearance < 35 mL/minute.
- **b)** Patient has had an osteoporotic fracture or a fragility fracture.

2. Osteoporosis Treatment for Men*. Approve for up to 2 years (total) during a patient's lifetime if the patient meets BOTH of the following (A and B):
Note: For example, a patient who has already received 3 months of treatment with Tymlos should be approved for a duration of 21 months. This allows for completion of a maximum of 2 years of therapy during the patient's lifetime.

A) Patient meets ONE of the following (i, ii, or iii):
- **i.** Patient has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist); OR
- **ii.** Patient has had an osteoporotic fracture or a fragility fracture; OR
- **iii.** The patient meets BOTH of the following (a and b):
  - **a)** Patient has low bone mass; AND
    Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist).
  - **b)** According to the prescriber, patient is at high risk for fracture; AND

B) Patient meets ONE of the following (i, ii, iii, or iv):
- **i.** Patient has tried zoledronic acid intravenous infusion (Reclast); OR
- **ii.** Patient has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets ONE of the following (a or b):
  Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D (alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), and Boniva (ibandronate tablets).
  - **a)** According to the prescriber, patient has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months; OR
    Note: Examples of an inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack or a BMD increase, and/or an osteoporotic fracture or a fragility fracture.
  - **b)** Patient has experienced significant intolerance to an oral bisphosphonate; OR
    Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.

iii. Patient cannot take an oral bisphosphonate due to ONE of the following (a, b, or c):
- **a)** Patient cannot swallow or has difficulty swallowing; OR
- **b)** Patient cannot remain in an upright position post oral bisphosphonate administration; OR
- **c)** Patient has a pre-existing gastrointestinal medical condition; OR
  Note: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia).

iv. Patient meets ONE of the following (a or b):
- **a)** According to the prescriber, the patient has severe renal impairment or chronic kidney disease; OR
  Note: An example of severe renal impairment is a creatinine clearance < 35 mL/minute.
- **b)** Patient has had an osteoporotic fracture or a fragility fracture.

CONDITIONS NOT COVERED

- **Tymlos® (abaloparatide subcutaneous injection – Radius)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use with Other Medications for Osteoporosis.**
   Note: Examples of medications for osteoporosis that Tymlos should not be given with include Prolia (denosumab subcutaneous injection), oral bisphosphonates (alendronate, risedronate, ibandronate), intravenous bisphosphonates (zoledronic acid intravenous infusion [Reclast], ibandronate intravenous injection), calcitonin nasal spray (Miacalcin/Fortical), teriparatide subcutaneous injection (Forteo), and Evenity (romosozumab-aqqg subcutaneous injection). However, this does NOT exclude use of calcium and/or vitamin D supplements in combination with Tymlos.

2. **Osteoporosis Prevention.** Tymlos has not been studied in this patient population. The benefits and risks of building bone with Tymlos in a condition in which substantial bone loss has not occurred have not been investigated.[1]

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Tymlos® subcutaneous injection [prescribing information]. Boston, MA: Radius; December 2023.
2. Eastell R, Rosen CJ, Black DM, et al. Pharmacological management of osteoporosis in postmenopausal women: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2019;104(5):1595-1622.
3. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis-2020 update. *Endocrin Pract*. 2020;26(Suppl 1):1-46.
4. LeBoff MS, GreenspanSL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. *Osteoporosis Int*. 2022;33(10):2049-2102.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	To comply with standard wording, the phrase "as determined by the prescriber" was replaced with "according to the prescriber". In addition, the following changes were made: **Osteoporosis – Treatment for Men:** The exception that the patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy was removed. Instead, this exception was incorporated into a Note that lists osteoporotic fracture or a fragility fracture as an example of inadequate efficacy or significant intolerance to a trial of an oral bisphosphonate or an oral bisphosphonate-containing product. Femoral fracture was removed as an example of significant intolerance to an oral bisphosphonate. **Osteoporosis – Treatment for a Postmenopausal Patient:** The exception that the patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy was removed. Instead, this exception was incorporated into a Note that lists osteoporotic fracture or a fragility fracture as an example of inadequate efficacy or significant intolerance to a trial of an oral bisphosphonate or an oral bisphosphonate-containing product. Femoral fracture was removed as an example of significant intolerance to an oral bisphosphonate.	09/27/2023
Annual Revision	**Osteoporosis Treatment for a Postmenopausal Patient:** The exception to the requirement for a trial of a bisphosphonate due to severe renal impairment or chronic kidney disease were revised. The criteria are now combined and the phrase "according to the prescriber" was added. **Osteoporosis Treatment for Men:** The exception to the requirement for a trial of a bisphosphonate due to severe renal impairment or chronic kidney disease were revised. The criteria are now combined and the phrase "according to the prescriber" was added.	10/23/2024