

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Romosozumab (Evenity) – PA Criteria

HCPC: J3111

Romosozumab (Evenity) is a sclerostin inhibitor, monoclonal antibody indicated for the treatment of osteoporosis in postmenopausal females. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Individual is a postmenopausal female
 - Individual has documented diagnosis of osteoporosis and has a very high risk for fracture based on at least **one** of the following:
 - T score ≤ -2.5 plus a fragility fracture
 - History of severe or multiple fractures
 - Individual has documented allergy/contraindication or failure (defined as disease progression after ≥ 24 months of therapy) with both a bisphosphonate and RANKL blocking agent
 - Documentation is submitted indicating any hypocalcemia and vitamin D deficiencies have been corrected prior to starting therapy with Evenity
 - Individual has not been treated with Evenity therapy in the past or the previous trial was < 12 months
 - Individual has not had a myocardial infarction or stroke in the last 12 months
 - Approval duration: 1 year (or remaining duration of 12 month lifetime treatment period if therapy was previously used)
- **Continuation of Therapy (must meet all):** not authorized