

Aetna Medicare Part B Drug Step Criteria

Osteoporosis

Preferred product(s):

Tier 1
Zoledronic acid

Tier 2 (after zoledronic acid)
Prolia
Jubbonti

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. [Find Aetna Medicare Part B Drug Criteria documents.](#)

This program applies to osteoporosis products as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For the indication(s) listed below (new starts only):

Treatment of osteoporosis

TABLE. Osteoporosis

Status	Product(s)
Preferred*	Zoledronic acid – no prior authorization required
	Jubbonti (denosumab-bbdz) <i>(preferred after zoledronic acid)</i>
	Prolia (denosumab) <i>(preferred after zoledronic acid)</i>
Non-preferred (targeted)	Bıldıyos (denosumab-nxxp) Bosaya (denosumab-kyqq) Connexence (denosumab-bnht) Denosumab-bnht Enoby (denosumab-qbde) Evenity (romosozumab-aqqg) Ospomyv (denosumab-dssb) Osvyrti (denosumab-desu) Stoboclo (denosumab-bmwo)

*Preferred products may still require a prior authorization review for medical necessity.

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented inadequate response to a trial of both zoledronic acid and a secondary preferred product (Jubbonti or Prolia) (documentation required upon request)
3. Documented intolerable adverse event to both zoledronic acid and a secondary preferred product (Jubbonti or Prolia) (documentation required upon request)
4. The preferred products are contraindicated for the member or there is a medical reason the member cannot use the preferred products
5. The request is for a medically necessary indication not listed above

For the indication(s) listed below (new starts only):

Treatment of osteoporosis

TABLE. Osteoporosis

Status	Product(s)
Preferred	Zoledronic acid – no prior authorization required
Non-preferred (targeted)	Jubbonti (denosumab-bbdz) Prolia (denosumab)

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented inadequate response to a trial of the preferred product (documentation required upon request)
3. Documented intolerable adverse event to the preferred product (documentation required upon request)
4. The preferred product is contraindicated for the member or there is a medical reason the member cannot use the preferred product
5. Member has a creatinine clearance less than or equal to 35 mL/min
6. The request is for a medically necessary indication not listed above

REFERENCES



Reference number
1020-AMBST

1. Bıldıyos (denosumab-nxxp) package insert]. Jersey City, NJ: Organon, LLC; August 2025.
2. Bosaya (denosumab-kyqq) package insert]. Cambridge, MA: Biocon Biologics, Inc.; September 2025.
3. Conexence (denosumab-bnht) [package insert]. Lake Zurich, IL: Fresenius Kabi USA LLC; March 2025.
4. Enoby (denosumab-qbde) [package insert]. Cherry Hill, NJ: Hikma Pharmaceuticals, Inc.; September 2025.
5. Evenity (romosozumab-aqqg) injection [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2020.
6. Ospomyv (denosumab-dssb) [package insert]. Republic of Korea: Samsung Bioepis Co. Ltd; February 2025.
7. Osvyrti (denosumab-desu) [package insert]. Raleigh, NC: Accord BioPharma Inc.; October 2025.
8. Prolia (denosumab) [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2022.
9. Stoboclo (denosumab-bmwo) [package insert]. Jersey City, NJ: Celltrion USA Inc.; February 2025.
10. Zoledronic acid injection [package insert]. Lake Forest, IL: Hospira, Inc.; March 2020.
11. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; 2019. Available at <http://www.micromedexsolutions.com/micromedex2/librarian>. Updated periodically. Accessed October 2019.

DOCUMENT HISTORY

Revised:	01/2026
Aetna Medicare Utilization Management Committee (MUMC) Approved:	02/26/2026
Version:	2026c
Policy effective date:	04/01/2026
Policy termination date:	

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. The formulary may change at any time. You will receive notice when necessary.