Reference number
2390-A

Aetna Medicare Part B Drug Criteria

Prolia and Biosimilars

This policy is for Aetna Medicare members. Find the Aetna Commercial Medical Drug Criteria.

For Aetna Medicare members, National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) will be applied to Part B drug requests when applicable. Aetna Medicare Part B Drug Criteria documents will be used in the absence of an NCD and LCD.

POLICY

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Prolia	denosumab
Bildyos	denosumab-nxxp
Bosaya	denosumab-kyqq
Conexxence	denosumab-bnht
Enoby	denosumab-qbde
Jubbonti	denosumab-bbdz
Ospomyv	denosumab-dssb
Stoboclo	denosumab-bmwo

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1-8]

- Treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.
- Treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

- Treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture, who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months.
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy (ADT) for nonmetastatic prostate cancer.
- Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

Compendial Uses[9,10]

- Prophylaxis of osteoporosis in osteopenic postmenopausal women.
- For treatment-related bone loss in patients with prostate cancer receiving androgen deprivation therapy (ADT).
- Treatment in postmenopausal (natural or induced) patients with breast cancer receiving adjuvant aromatase inhibition therapy to maintain or improve bone mineral density and reduce risk of fractures.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in the coverage criteria should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Osteoporosis Treatment[1-8]

Authorization of 12 months may be granted for treatment of osteoporosis in men or postmenopausal women at high risk for fracture.

Osteoporosis Prevention[9,11]

Authorization of 12 months may be granted for prevention of osteoporosis in osteopenic postmenopausal women.

Increasing Bone Mass in Prostate Cancer[1-8,10]

Authorization of 12 months may be granted to increase bone mass in men at high risk for fracture who are receiving androgen deprivation therapy (ADT) for prostate cancer.

Increasing Bone Mass in Breast Cancer[1-8,10]

Authorization of 12 months may be granted to increase bone mass in women at high risk for fracture who are receiving adjuvant aromatase inhibition therapy for breast cancer.

Glucocorticoid-Induced Osteoporosis[1-8]

Authorization of 12 months may be granted to increase bone mass in men and women with glucocorticoid-induced osteoporosis at high risk for fracture.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

The member is currently receiving therapy with a denosumab product.
The requested drug is being used to treat an indication in the coverage criteria section.

- The member is receiving benefit from therapy. Benefit is defined as:
  - Disease stability, or
  - Disease improvement

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for the requested drugs.
- The available compendium
  - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
  - Micromedex DrugDex
  - American Hospital Formulary Service- Drug Information (AHFS-DI)
  - Lexi-Drugs
  - Clinical Pharmacology
- NCCN Guideline: Prostate cancer
- NCCN Guideline: Breast cancer

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for the requested drug are covered in addition to the following:

- Prophylaxis of osteoporosis in osteopenic postmenopausal women
- For treatment-related bone loss in those receiving androgen deprivation therapy (ADT) for prostate cancer when the absolute fracture risk warrants drug therapy
- Maintenance or improvement in bone mineral density in postmenopausal patients with breast cancer receiving adjuvant aromatase inhibition therapy

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using denosumab for prevention of osteoporosis in osteopenic postmenopausal women as an approvable indication is evidenced by a multicenter, randomized, placebo-controlled study of 332 postmenopausal women with low bone mineral density (BMD) by Bone et al. Treatment with denosumab given once every 6 months improved BMD from baseline compared with placebo at 2 years. Postmenopausal women (mean age, 59.4 +/- 7.5 years) were eligible for enrollment if they had a lumbar spine (LS)-BMD T-score of -1 to -2.5 (mean T-score, -1.61 +/- 0.42), no history of fracture after age 25 years, and had not received IV bisphosphonates, fluoride, or strontium within the previous 5 years or parathyroid hormone agents (including derivatives), steroids, hormone-replacement therapy,

selective estrogen-receptor modulators, calcitonin, or calcitriol within the previous 6 weeks. Patients were randomized to receive either denosumab 60 mg (n=166) or placebo (n=166) given subcutaneously every 6 months. All patients also received oral calcium (1000 mg) and vitamin D (400 to 800 international units or greater) daily. Approximately 86% of patients completed 24 months of study treatment. At 24 months, patients in the denosumab arm had a mean percentage LS-BMD increase over baseline (6.5%; 97.5% CI, 5.8% to 7.2%) and patients in the placebo arm had a mean percentage LS-BMD decrease over baseline (-0.6%; 97.5% CI, -1.2% to 0.1%); additionally, the mean percentage LS-BMD difference between the 2 arms was significant (7%; 97.5% CI, 6.2% to 7.8%; p less than 0.0001). In patients who received denosumab, mean percentage BMDs were all increased from baseline at 24 months for the total hip (3.4%; 97.5% CI, 3% to 3.7%), femoral neck (2.8%; 97.5% CI, 2.3% to 3.3%), trochanter (5.2%; 97.5% CI, 4.7% to 5.6%), and distal third of the radius (1.4%; 97.5% CI, 0.9% to 1.9%), and the mean percent BMD differences compared with placebo were significant (p less than 0.0001). Markers of bone turnover were reduced from baseline in patients receiving denosumab (mean percent reduction: C-telopeptide I, 63% to 88%; tartrate-resistant acid phosphatase 5b, 40% to 50%; intact N-terminal propeptide of type 1 procollagen, 65% to 76%).

Support for using denosumab for the prevention or treatment of osteoporosis during androgen deprivation therapy is found in the National Comprehensive Cancer Network's guideline for prostate cancer. The NCCN Guideline for prostate cancer supports the use of denosumab as prevention or treatment of osteoporosis during androgen deprivation therapy in patients with high fracture risk.

Support for using denosumab to maintain or improve bone mineral density and reduce the risk of fractures in postmenopausal patients receiving adjuvant aromatase inhibition therapy is found in the National Comprehensive Cancer Network's guideline for breast cancer. The NCCN Guideline for breast cancer supports the use of denosumab in postmenopausal (natural or induced) patients receiving adjuvant aromatase inhibition therapy along with calcium and vitamin D supplementation to maintain or improve bone mineral density and reduce the risk of fractures.

References

1. Prolia [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2025.
2. Bildyos [package insert]. Jersey City, NJ: Organon LLC,; August 2025.
3. Bosaya [package insert]. Cambridge, MA: Biocon Biologics In.; September 2025.
4. Conexxence [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC.; March 2025.
5. Enoby [package insert]. Cherry Hill, NJ: Hikma Pharmaceuticals USA Inc.; September 2025.
6. Jubbonti [package insert]. Princeton, NJ: Sandoz Inc.; October 2024.
7. Ospomyv [package insert]. Incheon, South Korea: Samsung Bioepis; February 2025.
8. Stoboclo [package insert]. Incheon, South Korea: Celltrion, Inc.; February 2025.
9. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado. Available at https://www.micromedexsolutions.com Accessed September 5, 2025.
10. The NCCN Drugs & Biologics Compendium© 2025 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed September 5, 2025.
11. Bone HG, Bolognese MA, Yuen CK, et al: Effects of denosumab on bone mineral density and bone turnover in postmenopausal women. J Clin Endocrinol Metab. 2008; 93(6):2149-2157.

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description

Other CPT codes related to the Med B drug criteria:	
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
HCPCS codes covered if selection criteria are met:	
Bosaya (denosumab-kyqq), Bildyos (denosumab-nxxp), Enoby (denosumab-qbde): No specific code	
J0897	Injection, denosumab, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg
Other HCPCS codes related to the Med B drug criteria:	
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate
ICD-10 codes covered if selection criteria are met:	
C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919	Malignant neoplasm of breast [female]
C50.A0-C50.A2	Malignant inflammatory neoplasm of breast

C61	Malignant neoplasm of prostate [to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for prostate cancer]
M80.00XA - M80.0B9S	Age-related osteoporosis with current pathological fracture [postmenopausal]
M80.80XA-M80.8B9S	Other osteoporosis with current pathological fracture [glucocorticoid-induced]
M81.0-M81.8	Osteoporosis without current pathological fracture [postmenopausal] [glucocorticoid-induced]
M85.80-M85.9	Other specified disorders of bone density and structure [osteopenia postmenopausal]
Z79.52	Long term (current) use of systemic steroids
Z87.310	Personal history of (healed) osteoporosis fracture

Revision History

Date	Version	Update	Revisions
01/01/2024	2022	New Criteria	Policy effective.
06/27/2024	2023	Annual Review	Medicare Utilization Management Committee approved.
07/01/2025	2024a	Criteria Change	Added Jubbonti, Ospomyv and Stoboclo, new FDA approved Prolia biosimilars, to the criteria.
08/01/2025	2024b	Criteria Change	Added Conexxence, a new FDA approved Prolia biosimilar, to the criteria.
01/01/2026	2024c	Criteria Change	Added Prolia biosimilars Bildyos (denosumab-nxxp) and Bosaya (denosumab-kyqq).
03/01/2026	2024d	Criteria Change	Added newly approved biosimilar Enoby (denosumab-qbde).

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.