| Reference number(s) |
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| 2152-A |

# SPECIALTY GUIDELINE MANAGEMENT

## XGEVA (denosumab)

## POLICY

### I. 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.

A. FDA-Approved Indications[1]
1. Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors
2. Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity
3. Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy

B. Compendial Uses[2]
Second line therapy for osteopenia or osteoporosis in patients with systemic mastocytosis

All other indications are considered experimental/investigational and not medically necessary.

### II. CRITERIA FOR INITIAL APPROVAL

**A. Multiple myeloma[1,2]**
Authorization of 12 months may be granted for prevention of skeletal-related events in members with multiple myeloma.

B. **Bone Metastases from a Solid Tumor[1,2]**
Authorization of 12 months may be granted for prevention of skeletal-related events in patients with bone metastases from a solid tumor.

**C. Giant cell tumor of bone[1]**
Authorization of 12 months may be granted for treatment of giant cell tumor of bone.

**D. Hypercalcemia of malignancy[1,3]**
Initial authorization of 2 months may be granted for treatment of hypercalcemia of malignancy that is refractory to intravenous (IV) bisphosphonate therapy OR there is a clinical reason to avoid IV bisphosphonate therapy (See Appendix).

**E. Systemic mastocytosis[2]**
Authorization of 12 months may be granted for second-line therapy for osteopenia or osteoporosis in members with systemic mastocytosis that have not responded to therapy with bisphosphonates or for patients who are not candidates for bisphosphonates because of renal insufficiency.

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## III. CONTINUATION OF THERAPY

**A. Hypercalcemia of malignancy**
Authorization of 2 months will be granted for continued treatment in members requesting reauthorization for hypercalcemia of malignancy who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

**B. All Diagnosis (excluding hypercalcemia of malignancy)**
Authorization of 12 months will be granted for continued treatment in members requesting reauthorization for an indication listed in Section II (excluding hypercalcemia of malignancy) who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

## IV. APPENDIX[4,5]

Clinical reasons to avoid IV bisphosphonate therapy

- Renal insufficiency (creatinine clearance <35 mL/min)
- Acute renal impairment
- History of intolerance to an IV bisphosphonate

## V. REFERENCES


1. Xgeva [package insert]. Thousand Oaks, CA: Amgen Inc.; June 2020.
2. The NCCN Drugs & Biologics Compendium™ © 2019 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed October 13,2020.
3. Hu M, Glezerman IG, Leboulleux S, et al. Denosumab for treatment of hypercalcemia of malignancy. *J Clin Endocrinol Metab*. 2014; 99(9):3144-3152.
4. Bisphosphonates. *Drug Facts and Comparisons.* F*acts & Comparisons® eAnswer*s [online]. 2020. Available from Wolters Kluwer Health, Inc. Accessed October 13, 2020.
5. Utilization Management (UM) Criteria Review CVS Caremark P&T Subgroup. Bone Disorder Agents– UM Criteria. February 2021.