Field Name	Field Description
Prior Authorization Group	**Injectable/Infusible Bone-Modifying Agents for Oncology Indications**
Drugs	**Preferred Bone-Modifying Agent(s):** Pamidronate disodium (Aredia), Zoledronic Acid (Zometa) **Non-preferred Bone-Modifying Agent(s):** Xgeva, Prolia (denosumab)
Covered Uses	The request is for an FDA approved indication or for a medically accepted indications as defined or as supported by the medical compendium (Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI) , Drug Package Insert) as defined in the Social Security Act 1927, or per the National Comprehensive Cancer Network (NCCN), the American Society of Clinical Oncology (ASCO), or the National Institutes of Health (NIH) Consensus Panel standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restrictions	According to package insert
Prescriber Restrictions	Prescriber is an oncologist
Coverage Duration	6 months
Other Criteria	• The request is for an approved/accepted indication at an approved dose • If the request is for, Xgeva (denosumab) for any of the indications below, the patient has a documented trial and failure of generic pamidronate (Aredia) OR zoledronic acid (Zometa) that is consistent with claims history, or has a documented medical reason (intolerance, hypersensitivity, contraindication, renal insufficiency, etc) for not utilizing one of these agents to manage their medical condition o Bone metastases from solid tumors o Hypercalcemia of malignancy o Multiple myeloma osteolytic lesions • If the request is for Xgeva (denosumab) for treating Giant cell tumor of bone, documentation has been submitted that the tumor is unresectable, that surgical resection is likely to result in morbidity (e.g. denosumab therapy is being used to aide in the possibility of resection with tumor shrinkage), or that disease has recurred. • If the request if for Prolia (denosumab) for breast cancer, the patient has a documented trial and failure of generic pamidronate (Aredia) OR zoledronic acid (Zometa) that is

Revision/Review 11/2024	consistent with claims history, or has a documented medical reason (intolerance, hypersensitivity, contraindication, renal insufficiency, etc.) for not utilizing one of these agents to manage their medical condition • If the request is for Prolia (denosumab) for prostate cancer, approve. **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**