Cigna National Formulary Coverage Policy

Effective Date..... 2/1/2023
Next Review Date..... 2/1/2024

Prior Authorization
Bone Modifiers – Tymlos® (abaloparatide subcutaneous injection)

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Product Identifier(s)

Effective 1/1/23 to 2/27/23: 111255

Effective 2/28/23: 62840

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Cigna covers abaloparatide (Tymlos®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Tymlos. All approvals are provided for the duration noted below.

FDA Indication(s)

1. **Osteoporosis Treatment for a Postmenopausal Individual.** Approve for up to 2 years (total) during an individual's lifetime if the individual meets the following criteria (A and B):
   Note: For example, an individual who has already received 3 months of treatment with Tymlos should be approved for a duration of 21 months. This allows for completion of a maximum of 2 years of therapy during the individual's lifetime.
   A) Individual meets ONE of the following conditions (i, ii, or iii):
      i. Individual has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist); OR

ii. Individual has had an osteoporotic fracture or a fragility fracture; OR
iii. The individual meets both of the following (a and b):
a) Individual has low bone mass; AND
Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist).
b) Prescriber determines the individual is at high risk for fracture; AND

B) Individual meets ONE of the following (i, ii, iii, or iv):
i. Individual has tried ibandronate intravenous injection (Boniva) or zoledronic acid intravenous infusion (Reclast); OR
ii. Individual has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):
Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D (alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), and Boniva (ibandronate tablets).
a) Individual has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescriber; OR
Note: An example of an inadequate efficacy is ongoing and significant loss of bone mineral density (BMD) or a lack or a BMD increase.
b) Individual has had an osteoporotic fracture or fragility fracture while receiving oral bisphosphonate therapy; OR
c) Individual has experienced significant intolerance to an oral bisphosphonate; OR
Note: Examples of significant intolerance include severe gastrointestinal related adverse events, severe musculoskeletal related adverse events, or a femoral fracture.
iii. Individual cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):
a) Individual cannot swallow or has difficulty swallowing; OR
b) Individual cannot remain in an upright position post oral bisphosphonate administration; OR
c) Individual has a pre-existing gastrointestinal medical condition; OR
Note: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia).
iv. Individual meets one of the following conditions (a, b, or c):
a) Severe renal impairment; OR
Note: An example of severe renal impairment is a creatinine clearance < 35 mL/min.
b) Chronic kidney disease; OR
c) Individual has had an osteoporotic fracture or a fragility fracture.

2. Osteoporosis – Treatment in Men*. Approve for up to 2 years (total) during an individual's lifetime if the individual meets the following criteria (A and B):
Note: For example, an individual who has already received 3 months of treatment with Tymlos should be approved for a duration of 21 months. This allows for completion of a maximum of 2 years of therapy during the individual's lifetime.

A) Individual meets ONE of the following conditions (i, ii, or iii):
i. Individual has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, total hip and/or 33% (one-third) radius (wrist); OR
ii. Individual has had an osteoporotic fracture or a fragility fracture; OR
iii. The individual meets both of the following (a and b):
a) Individual has low bone mass; AND
Note: An example of low bone mass includes a T-score (current or at any time in the past) between -1.0 and -2.5 at the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius (wrist).
b) Prescriber determines the individual is at high risk for fracture; AND

B) Individual meets ONE of the following (i, ii, iii, or iv):
i. Individual has tried zoledronic acid intravenous infusion (Reclast); OR
ii. Individual has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets one of the following (a, b, or c):

Note: Examples of oral bisphosphonate products include Fosamax (alendronate tablets and oral solution), Fosamax Plus D (alendronate/cholecalciferol tablets), Actonel (risedronate tablets), Atelvia (risedronate delayed-release tablets), and Boniva (ibandronate tablets).

a) Individual has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months as determined by the prescriber; OR
Note: An example of an inadequate efficacy is ongoing and significant loss of bone mineral density (BMD) or a lack or a BMD increase.

b) Individual has had an osteoporotic fracture or fragility fracture while receiving oral bisphosphonate therapy; OR

c) Individual has experienced significant intolerance to an oral bisphosphonate; OR
Note: Examples of significant intolerance include severe gastrointestinal related adverse events, severe musculoskeletal related adverse events, or a femoral fracture.

iii. Individual cannot take an oral bisphosphonate due to one of the following circumstances (a, b, or c):

a) Individual cannot swallow or has difficulty swallowing; OR

b) Individual cannot remain in an upright position post oral bisphosphonate administration; OR

c) Individual has a pre-existing gastrointestinal medical condition; OR
Note: Examples of pre-existing gastrointestinal medical conditions include esophageal lesions, esophageal ulcers, or abnormalities of the esophagus that delay esophageal emptying (stricture, achalasia).

iv. Individual meets one of the following conditions (a, b, or c):

a) Severe renal impairment; OR
Note: An example of severe renal impairment is a creatinine clearance < 35 mL/min.

b) Chronic kidney disease; OR

c) Individual has had an osteoporotic fracture or a fragility fracture.

Conditions Not Covered

Abaloparatide (Tymlos®) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):

1. **Concurrent Use with Other Medications for Osteoporosis.**
Note: Examples of medications for osteoporosis that Tymlos should not be given with include Prolia (denosumab subcutaneous injection), oral bisphosphonates (alendronate, risedronate, ibandronate), intravenous bisphosphonates (zoledronic acid intravenous infusion [Reclast], ibandronate intravenous injection), calcitonin nasal spray (Miacalcin/Fortical), teriparatide subcutaneous injection (Forteo), and Evenity (romosozumab-aqqg subcutaneous injection). However, this does NOT exclude use of calcium and/or vitamin D supplements in combination with Tymlos.

2. **Osteoporosis Prevention.** Tymlos has not been studied in this individual population. The benefits and risks of building bone with Tymlos in a condition in which substantial bone loss has not occurred have not been investigated.[1]

Background

Overview
Tymlos, a human parathyroid hormone related peptide analog, is indicated for the following uses:[1]

- **Osteoporosis, treatment of postmenopausal women**, at high risk for fracture.
- **Osteoporosis, treatment to increase bone density in men**, at high risk for fracture.

Patients at high risk for fracture are defined as those with a history of osteoporotic fracture, have multiple risk factors for fracture, or have failed or are intolerant to other osteoporosis therapy.

Guidelines
Guidelines for osteoporosis in postmenopausal women from the Endocrine Society (2019)[2] as well as from the American Association of Clinical Endocrinologists and the American College of Endocrinology (2020)[3] discuss

Tymlos. In general, Tymlos is one of several alternatives recommended in patients who are at high risk of fracture or in those unable to utilize oral bisphosphonate therapy. The Bone Health and Osteoporosis clinician guide to prevent and treat osteoporosis (2022) cites robust reductions in vertebral and non-vertebral fractures with Tymlos therapy in postmenopausal women with osteoporosis.[4]

Safety
The prescribing information for Tymlos states that the safety and efficacy of Tymlos have not been evaluated beyond 2 years of therapy. Use of the medication for more than 2 year during a patient's lifetime is not recommended. There are limited data evaluating the risk of osteosarcoma beyond 2 years of Tymlos and/or use of a parathyroid hormone analog. Avoid use of Tymlos in patients who are at increased baseline risk of osteosarcoma (e.g., open epiphyses [pediatric and young adult patients], those with metabolic bone disease, patients with bone metastases or a history of skeletal malignancies).

References

1. Tymlos® subcutaneous injection [prescribing information]. Boston, MA: Radius; December 2022.
2. Eastell R, Rosen CJ, Black DM, et al. Pharmacological management of osteoporosis in postmenopausal women: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2019;104(5):1595-1622.
3. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists and American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis-2020 update. *Endocrin Pract*. 2020;26(Suppl 1):1-46.
4. LeBoff MS, GreenspanSL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. *Osteoporosis Int*. 2022;33(10):2049-2102.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	**Concurrent Use with Other Medications for Osteoporosis:** To the Note which lists the medications that should not be used with Tymlos, it was clarified that this does NOT exclude use of calcium and/or vitamin D supplements in combination with Tymlos.	09/07/2022
Selected Revision	**Osteoporosis – Treatment in Men:** This was added as a new condition of approval.	01/04/2023

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