Denosumab:
Aukelso™; Bildyos®; Bilprevda®; Bomyntra®, Boncresa®; Bosaya™; Conexxence®; Denosumab-bmwo; Denosumab-bnht; Denosumab-dssb; Enoby™; Jubbonti®; Jubereq® Osenvelt®; Ospomyv™; Osvyrti®; Oziltus®; Prolia®; Stoboclo®; Wyost®; Xbryk™; Xgeva®; Xtrenbo™
(Subcutaneous)

Document Number: M-0098

Last Review Date: 07/01/2026
Date of Origin: 11/28/2011
Dates Reviewed: 12/2011, 03/2012, 06/2012, 09/2012, 12/2012, 03/2013, 06/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 01/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 06/2018, 04/2019, 04/2020, 04/2021, 04/2022, 04/2023, 10/2023, 04/2024, 06/2025, 11/2025, 05/2026, 07/2026

I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 12 months (365 days).
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Prolia, Bildyos, Boncresa, Bosaya, Conexxence, Denosumab-dssb, Enoby, Jubbonti, Ospomyv, Osvyrti, Stoboclo	*All Indications:* • 60 billable units every 6 months
Xgeva, Aukelso, Bilprevda, Bomyntra, Jubereq, Osenvelt, Oziltus, Wyost, Xbryk, Xtrenbo	*Giant Cell Tumor of Bone & Hypercalcemia of Malignancy:* – Loading Dose: • 120 billable units on days 1, 8, 15, and 29 – Maintenance: • 120 billable units every 4 weeks *Bone metastases from solid tumors & Multiple Myeloma:* • 120 billable units every 4 weeks
Denosumab-bmwo & Denosumab-bnht	*Osteoporosis & Systemic Mastocytosis:* • 60 billable units every 6 months *Giant Cell Tumor of Bone & Hypercalcemia of Malignancy:* – Loading Dose: • 120 billable units on days 1, 8, 15, and 29 – Maintenance:

	• 120 billable units every 4 weeks *Bone metastases from solid tumors & Multiple Myeloma:* • 120 billable units every 4 weeks

III. Initial Approval Criteria

For groups in scope for the Site of Care (SOC) specialty infusion program, all program requirements are met.

Prolia, Bildyos, Boncresa, Bosaya, Conexxence/Denosumab-bnht, Enoby, Jubbonti, Ospomyv/Denosumab-dssb, Osvyrti, Stoboclo/Denosumab-bmwo

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Universal Criteria [1-8,43,47,52,54]

- Member must be supplementing with 1,000 mg of calcium and at least 400 IU of vitamin D daily; **AND**
- Member does NOT have any FDA labeled contraindications to the requested agent (e.g., hypocalcemia, known hypersensitivity to requested agent); **AND**
- Members with advanced kidney disease (i.e., eGFR < 30 mL/min/1.73 m^2 and including dialysis-dependent members) will be monitored for the presence of chronic kidney disease- mineral and bone disorder (CKD-MBD) with intact parathyroid hormone (iPTH), serum calcium, 25(OH) vitamin D, and 1,25 $(OH)_2$ vitamin D prior to decisions regarding denosumab treatment; **AND**
- Pregnancy is ruled out prior to administration in biologic females of child-bearing potential; **AND**
- Will not be used in combination with other denosumab products, bisphosphonates, romosozumab, or parathyroid hormone analogs/related peptides; **AND**

Osteoporosis in Men and Women † [1-8,40,41,43,45,47,48,52,54,56]

- Biological female member must be post-menopausal; **AND**
- Member must be at a high risk for fracture**; **AND**
- Member has a documented diagnosis of osteoporosis indicated by one or more of the following:
  - T-score by DXA of ≤ -2.5 measured at the lumbar spine, femoral neck, total hip, or forearm at the 33% (one-third) radius site; **OR**
  - History of fragility fracture to the hip or spine, regardless of T-score; **OR**

- T-score by DXA between -1.0 and -2.5 measured at the lumbar spine, femoral neck, total hip, or forearm at the 33% (one-third) radius site; **AND**
  - History of fracture of proximal humerus, pelvis, or distal forearm; **OR**
  - FRAX 10-year probability for major fracture ≥ 20% or hip fracture ≥ 3%; **AND**

- Member has one of the following**§**:
  - Documented treatment failure or ineffective response**±** to a minimum (12) month trial on previous therapy with bisphosphonates (oral or IV) such as alendronate, risedronate, ibandronate, or zoledronic acid; **OR**
  - Member has a documented contraindication* or intolerance to BOTH oral bisphosphonates AND intravenous (IV) bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid

Glucocorticoid-Induced Osteoporosis † ‡ [1-8,33,49,52,54]

- Member will be initiating or is continuing systemic glucocorticoid therapy at a daily dosage equivalent to ≥ 2.5 mg of prednisone and is expected to remain on glucocorticoid therapy for at least 3 months; **AND**
- Member must be at an increased risk for fracture **¥**; **AND**
  - Documented treatment failure or ineffective response**±** to a minimum (12) month trial on previous therapy with bisphosphonates (oral or IV) such as alendronate, risedronate, ibandronate, or zoledronic acid; **OR**
  - Member has a documented contraindication* or intolerance to BOTH oral bisphosphonates AND intravenous (IV) bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid

Osteoporosis treatment and prevention in prostate cancer † ‡ [1-8,17,34,50,52,54]

- Member must be receiving androgen deprivation therapy; **AND**
- Member must be at a high risk for fracture**

Osteoporosis treatment and prevention in breast cancer † ‡ [1-8,17,35,51,52,54]

- Member must be receiving adjuvant aromatase inhibitor therapy for breast cancer

Systemic Mastocytosis ‡ [17,42]

- Member has osteopenia or osteoporosis and coexisting bone pain; **AND**
  - Used as second line therapy if member is not responding to bisphosphonate therapy; **OR**
  - Member is not a candidate for bisphosphonate therapy due to renal insufficiency

§ Members with very high risk for fracture defined as a recent fracture (within the last 12 months), fractures while on osteoporosis therapy, multiple fractures, fractures while on drugs causing skeletal harm, T-score < -3.0, very high fracture probability by FRAX (major osteoporotic fracture > 30%, hip fracture > 4.5%), or high fall risk or history of injurious falls are not subject to prior trial and failure requirements with bisphosphonates [40,41,45]

±Ineffective response is defined as one or more of the following: [43,45,47]
– Decrease in T-score in comparison with baseline T-score from DXA scan – Member has a new fracture while on bisphosphonate therapy
****High risk for fractures include, but are not limited to, one or more of the following:** [43,47]
– History of an osteoporotic fracture as an adult – Parental history of hip fracture – Low BMI – Rheumatoid arthritis – Alcohol intake (3 or more drinks per day) – Current smoking – History of oral glucocorticoids ≥5 mg/d of prednisone (or equivalent) for >3 months (ever)
***Examples of contraindications to oral bisphosphonate therapy include the following:** [44]
– Documented inability to sit or stand upright for at least 30 minutes – Documented pre-existing esophageal disorders such as achalasia, esophageal stricture, esophageal varices, or Barrett's esophagus – Surgical anastomoses are present in the GI tract after certain types of bariatric surgery (e.g., Roux-en-Y gastric bypass) – Documented pre-existing hypocalcemia – Documented pre-existing renal insufficiency defined as creatinine clearance < 30-35 mL/min
***Examples of contraindications to injectable bisphosphonate therapy include the following:** [44]
– Documented pre-existing hypocalcemia – Documented pre-existing renal insufficiency defined as creatinine clearance < 30-35 mL/min
¥ Increased risk for glucocorticoid-induced osteoporosis fracture include, but are not limited to, one or more of the following: [1-8,49]
– Prior osteoporotic fracture – High-dose glucocorticoid use (i.e., prednisone [or equivalent] ≥30 mg/d >30 d or ≥5 g/year) – FRAX glucocorticoid adjusted◊ 10-year risk of major osteoporotic fracture ≥20% or hip ≥3% – T-score by DXA of ≤-2.5 measured at the lumbar spine, femoral neck, total hip, or forearm at the 33% (one-third) radius site ◊ Note: If glucocorticoid dose is >7.5 mg/day, multiply the FRAX 10-year risk of major osteoporotic fracture by 1.15 and the hip fracture risk by 1.2 (e.g., if hip fracture risk is 2.0% multiply by 1.2 = 2.4% risk)

Xgeva, Aukelso, Bilprevda, Bomyntra/Denosumab-bnht, Jubereq, Osenvelt/Denosumab-bmwo, Oziltus, Wyost, Xbryk, Xtrenbo

Prior authorization validity is provided in the following conditions:

Universal Criteria [9-16,46,47,50,51,53,55]

- Member will receive calcium and vitamin D as necessary to treat or prevent hypocalcemia *(Note: excludes when use is for hypercalcemia of malignancy)*; **AND**
- Member does NOT have any FDA labeled contraindications to the requested agent (e.g., hypocalcemia, known clinically significant hypersensitivity to Xgeva or denosumab products); **AND**
- Will not be used in combination with other denosumab products, bisphosphonates, romosozumab, or parathyroid hormone analogs/related peptides; **AND**

Prevention of skeletal-related events in multiple myeloma[Δ] OR bone metastases from solid tumors † ‡ [9-16,28-30,38,39,50,51,53,55]

- Member is at least 18 years of age; **AND**
  - Member must try and have an inadequate response, contraindication*, or intolerance to at least a three (3) month trial of zoledronic acid; **OR**
  - Member has metastatic breast cancer, metastatic castration-resistant prostate cancer, or metastatic lung cancer (both SCLC and NSCLC)

Δ *May also be used in combination with primary myeloma therapy for the treatment of Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes (POEMS), Monoclonal Immunoglobulin Deposition Disease (MIDD), and plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS)*

Giant Cell Tumor of the Bone † ‡ Φ [9-16,19,37,38,53,55]

- Member must be an adult or at least 12 years of age and skeletally mature; **AND**
  - Disease is unresectable or surgical resection is likely to result in severe morbidity; **OR**
  - Disease is localized, recurrent, or metastatic **‡**; **AND**
    - Used as a single agent; **OR**
    - Used in combination with serial embolization and/or radiation therapy

Hypercalcemia of Malignancy † Φ [9-16,23,53,55]

- Member is at least 18 years of age; **AND**
- Member must have a diagnosis of cancer (malignancy); **AND**
  - Member must have a diagnosis of refractory hypercalcemia of malignancy defined as an albumin-corrected calcium of >12.5 mg/dL (3.1 mmol/L) despite treatment with a minimum seven (7) day trial on previous therapy with intravenous (IV) bisphosphonates such as ibandronate or zoledronic acid; **OR**
  - Member has a documented contraindication* or intolerance to intravenous (IV) bisphosphonates such as ibandronate or zoledronic acid

*Examples of contraindications to injectable bisphosphonate therapy include the following: [44]
– Documented pre-existing hypocalcemia – Documented pre-existing renal insufficiency defined as creatinine clearance < 30-35 mL/min

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-16,52-55]

Prior authorization validity can be renewed based on the following criteria:

- Member continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe symptomatic hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, dermatological adverse reactions, severe infection, severe hypersensitivity/anaphylaxis, musculoskeletal pain, etc.; **AND**

Prolia, Bildyos, Boncresa, Bosaya, Conexxence/Denosumab-bnht, Enoby, Jubbonti, Ospomyv/Denosumab-dssb, Osvyrti, Stoboclo/Denosumab-bmwo [1-8,17,40,41,45,49-52,54]

- Beneficial disease response as indicated by one or more of the following for Systemic Mastocytosis:
  - Improvement or resolution of bone pain as compared to pretreatment baseline
  - Absence of fractures
  - Increase in bone mineral density compared to pretreatment baseline; **OR**
- Beneficial disease response as indicated by one or more of the following for All Other Indications:
  - Absence of fractures
  - Increase in bone mineral density compared to pretreatment baseline; **AND**

  Osteoporosis in Men and Women:
  - After 5 years of treatment, member will have a repeat DXA performed; **AND**
  - Members with low-to moderate risk disease will have therapy changed to an oral or IV bisphosphonate unless there is a contraindication or intolerance to both dosage forms

  Glucocorticoid-Induced Osteoporosis:
  - After 2 years of treatment, member will have a repeat DXA performed; **AND**

- Members with low-to moderate risk disease will have therapy changed to an oral or IV bisphosphonate unless there is a contraindication or intolerance to both dosage forms

Xgeva, Aukelso, Bilprevda, Bomyntra/Denosumab-bnht, Jubereq, Osenvelt/Denosumab-bmwo, Oziltus, Wyost, Xbryk, Xtrenbo [9-16,37,50,51,53,55]

- Beneficial disease response as indicated by the following:
  - Multiple Myeloma OR Bone metastases from solid tumors: absence/delay in skeletal-related events (e.g., pathologic fracture, radiation therapy to bone, surgery to bone, or spinal cord compression)
  - Giant Cell Tumor of the Bone: stabilization of disease or decrease in size of tumor or spread of tumor
  - Hypercalcemia of Malignancy: corrected serum calcium ≤ 11.5 mg/dL (2.9 mmol/L)

V. Dosage/Administration [1-16,52-55]

Prolia, Bildyos, Boncresa, Bosaya, Conexxence/Denosumab-bnht, Enoby, Jubbonti, Ospomyv/Denosumab-dssb, Osvyrti, Stoboclo/Denosumab-bmwo

Indication	Dose
All indications	60 mg administered subcutaneously by a health care provider every 6 months

Xgeva, Aukelso, Bilprevda, Bomyntra/Denosumab-bnht, Jubereq, Osenvelt/Denosumab-bmwo, Oziltus, Wyost, Xbryk, Xtrenbo

Indication	Dose
Bone metastases from solid tumors & Multiple Myeloma	120 mg administered subcutaneously by a health care provider every 4 weeks
Giant Cell Tumor of Bone & Hypercalcemia of Malignancy	120 mg administered subcutaneously by a health care provider every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy.

VI. Billing Code/Availability Information

HCPCS Code(s):

Prolia & Xgeva

- J0897 – Injection, denosumab, 1 mg; 1 billable unit = 1 mg

Jubbonti & Wyost

- Q5136 – Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg; 1 billable unit = 1 mg

Osenvelt, Stoboclo, & Denosumab-bmwo

- Q5157 – Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg; 1 billable unit = 1 mg

Bomyntra, Conexxence, & Denosumab-bnht

- Q5158 – Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg; 1 billable unit = 1 mg

Denosumab-dssb, Ospomyv, & Xbryk

- Q5159 – Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg; 1 billable unit = 1 mg

Aukelso & Bosaya

- Q5161 – Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg; 1 billable unit = 1 mg

Bildyos & Bilprevda

- Q5162 – Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg; 1 billable unit = 1 mg

Enoby & Xtrenbo

- J3590 – Unclassified biologics *(Discontinue use on 07/01/2026)*
- Q5167 – Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg; 1 billable unit = 1 mg *(Effective 07/01/2026)*

Osvyrti & Jubereq

- J3590 – Unclassified biologics *(Discontinue use on 07/01/2026)*
- Q5166 – Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg; 1 billable unit = 1 mg *(Effective 07/01/2026)*

Boncresa

- J3590 – Unclassified biologics *(Discontinue use on 07/01/2026)*
- Q5171 – Injection, denosumab-mobz (boncresa), biosimilar, 1 mg; 1 billable unit = 1 mg *(Effective 07/01/2026)*

Oziltus

- J3590 – Unclassified biologics *(Discontinue use on 07/01/2026)*
- Q5165 – Injection, denosumab-mobz (oziltus), biosimilar, 1 mg; 1 billable unit = 1 mg *(Effective 07/01/2026)*

NDC(s):

- Prolia 60 mg/1 mL single-dose prefilled syringe: 55513-0710-xx
- Jubbonti 60 mg/1 mL single-dose prefilled syringe: 61314-0240-xx
- Ospomyv 60 mg/1 mL single-dose prefilled syringe: 83457-0012-xx

- Denosumab-dssb 60 mg/1 mL single-dose prefilled syringe: 71202-0013-xx
- Stoboclo 60 mg/1 mL single-dose prefilled syringe: 72606-0037-xx
- Denosumab-bmwo 60 mg/1 mL single-dose prefilled syringe: 72606-0058-xx
- Conexxence 60 mg/1 mL single-dose prefilled syringe: 65219-0668-xx
- Denosumab-bnht 60 mg/1 mL single-dose prefilled syringe: 65219-0680-xx
- Bildyos 60 mg/1 mL single-dose prefilled syringe: 78206-0193-xx
- Bildyos 60 mg/1 mL single-dose vial: 78206-0194-xx
- Bosaya 60 mg/1 mL single-dose prefilled syringe: 83257-0029-xx
- Enoby 60 mg/1 mL single-dose prefilled syringe: 00143-9165-xx
- Osvyrti 60 mg/1 mL single-dose prefilled syringe: 69448-0021-xx
- Boncresa 60 mg/1 mL single-dose prefilled syringe: 70121-2702-xx

- Xgeva 120 mg/1.7 mL single-dose vial: 55513-0730-xx
- Wyost 120 mg/1.7 mL single-dose vial: 61314-0228-xx
- Xbryk 120 mg/1.7 mL single-dose vial: 71202-0014-xx
- Osenvelt 120 mg/1.7 mL single-dose vial: 72606-0038-xx
- Denosumab-bmwo 120 mg/1.7 mL single-dose vial: 72606-0059-xx
- Bomyntra 120 mg/1.7 mL single-dose vial: 65219-0670-xx
- Bomyntra 120 mg/1.7 mL single-dose prefilled syringe: 65219-0672-xx
- Denosumab-bnht 120 mg/1.7 mL single-dose vial: 65219-0682-xx
- Denosumab-bnht 120 mg/1.7 mL single-dose prefilled syringe: 65219-0684-xx
- Aukelso 120 mg/1.7 mL single-dose vial: 83257-0030-xx
- Bilprevda 120 mg/1.7 mL single-dose vial: 78206-0195-xx
- Xtrenbo 120 mg/1.7 mL single-dose vial: 00143-9166-xx
- Jubereq 120 mg/1.7 mL single-dose vial: 69448-0022-xx
- Oziltus 120 mg/1.7 mL single-dose vial: 70121-2701-xx

VII. References

1. Prolia [package insert]. Thousand Oaks, CA; Amgen Inc.; May 2025. Accessed June 2026.
2. Jubbonti [package insert]. Princeton, NJ; Sandoz Inc.; October 2025. Accessed June 2026.
3. Ospomyv/Denosumab-dssb [package insert]. Yeonsu-gu, Incheon; Samsung Bioepis Co., Ltd.; October 2025. Accessed June 2026.
4. Stoboclo/Denosumab-bmwo [package insert]. Yeonsu-gu, Incheon; CELLTRION, Inc.; October 2025. Accessed June 2026.
5. Conexxence/Denosumab-bnht [package insert]. Lake Zurich, IL; Fresenius Kabi USA, LLC; October 2025. Accessed June 2026.

6. Enoby [package insert]. Cherry Hill, NJ; Hikma Pharmaceuticals USA Inc.; September 2025. Accessed June 2026.
7. Bosaya [package insert]. Cambridge, MA; Biocon Biologics Inc.; September 2025. Accessed June 2026.
8. Bildyos [package insert]. Jersey City, NJ; Organon LLC; August 2025. Accessed June 2026.
9. Xgeva [package insert]. Thousand Oaks, CA; Amgen Inc.; May 2025. Accessed June 2026.
10. Wyost [package insert]. Princeton, NJ; Sandoz Inc.; February 2026. Accessed June 2026.
11. Xbryk [package insert]. Yeonsu-gu, Incheon; Samsung Bioepis Co., Ltd.; October 2025. Accessed June 2026.
12. Osenvelt/ Denosumab-bmwo [package insert]. Yeonsu-gu, Incheon; CELLTRION, Inc.; January 2026. Accessed June 2026.
13. Bomyntra/Denosumab-bnht [package insert]. Lake Zurich, IL; Fresenius Kabi USA, LLC; October 2025. Accessed June 2026.
14. Xtrenbo [package insert]. Cherry Hill, NJ; Hikma Pharmaceuticals USA Inc.; September 2025. Accessed June 2026.
15. Bilprevda [package insert]. Jersey City, NJ; Organon LLC; August 2025. Accessed June 2026.
16. Aukelso [package insert]. Cambridge, MA; Biocon Biologics Inc.; September 2025. Accessed June 2026.
17. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Denosumab. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
18. Branstetter DG, Nelson SD, Manivel JC, et al. Denosumab induces tumor reduction and bone formation in patients with giant-cell tumor of bone. Clin Cancer Res. 2012 Aug 15;18(16):4415-24.
19. Thomas D, Henshaw R, Skubitz K, et al. Denosumab in patients with giant-cell tumor of bone: an open-label, phase 2 study. Lancet Oncol. 2010 Mar;11(3):275-80.
20. WHO Scientific Group on the Prevention and Management of Osteoporosis. Prevention and management of osteoporosis: report of a WHO scientific group. (WHO technical report series; 921). Geneva, Switzerland: WHO; 2000.
21. Kanis JA on behalf of the World Health Organization Scientific Group (2007). Assessment of osteoporosis at the primary health care level. Technical Report. World Health Organization Collaborating Center for Metabolic Bone Diseases. University of Sheffield, UK; 2007.

22. National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2014.
23. Hu MI, Glezerman IG, Leboulleux S, et al. Denosumab for treatment of hypercalcemia of malignancy. J Clin Endocrinol Metab. 2014 Sep;99(9):3144-52. doi: 10.1210/jc.2014-1001. Epub 2014 Jun 10.
24. 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 - 2016. Endocr Pract. 2016 Sep 2; 22(Suppl 4):1-42.
25. Gnant M, Pfeiler G, Dubsky PC, et al. Adjuvant denosumab in breast cancer (ABCSG-18): a multicentre, randomised, double-blind, placebo-controlled trial. Lancet. 2015 Aug 1;386(9992):433-43.
26. Qaseem A, Forciea MA, McLean RM, Denberg TD; Clinical Guidelines Committee of the American College of Physicians. Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women: A Clinical Practice Guideline Update from the American College of Physicians. Ann Intern Med. 2017 May 9. doi: 10.7326/M15-1361.
27. Jeremiah MP, Unwin BK, Greenawald MH, et al. Diagnosis and Management of Osteoporosis. Am Fam Physician. 2015 Aug 15;92(4):261-8.
28. Henry DH, Costa L, Goldwasser F, et al. Randomized, Double-Blind Study of Denosumab Versus Zoledronic Acid in the Treatment of Bone Metastases in Patients With Advanced Cancer (Excluding Breast and Prostate Cancer) or Multiple Myeloma. Journal of Clinical Oncology 2011 29:9, 1125-1132. 2011 Mar 20.
29. Stopeck AT, Lipton A, Body JJ, et al. Denosumab compared with zoledronic acid for the treatment of bone metastases in patients with advanced breast cancer: a randomized, double-blind study. J Clin Oncol. 2010 Dec 10;28(35):5132-9.
30. Fizazi K, Carducci M, Smith M, et al. Denosumab versus zoledronic acid for treatment of bone metastases in men with castration-resistant prostate cancer: a randomised, double-blind study. Lancet. 2011 Mar 5;377(9768):813-22.
31. Cummings SR, San Martin J, McClung MR, et al. Denosumab for Prevention of Fractures in Postmenopausal Women With Osteoporosis. N Engl J Med, 361 (8), 756-65; 2009 Aug 20. PMID: 19671655. DOI: 10.1056/NEJMoa0809493.
32. Orwoll E, Teglbjaerg CS, Langdahl BL, et al. A Randomized, Placebo-Controlled Study of the Effects of Denosumab for the Treatment of Men With Low Bone Mineral Density. J Clin Endocrinol Metab, 97 (9), 3161-9; Sept 2012. PMID: 22723310. DOI: 10.1210/jc.2012-1569.
33. Saag KG, Wagman RB, Geusens P, et al. Denosumab Versus Risedronate in Glucocorticoid-Induced Osteoporosis: A Multicentre, Randomised, Double-Blind, Active-Controlled, Double-

Dummy, Non-Inferiority Study. Lancet Diabetes Endocrinol, 6 (6), 445-454; Jun 2018. PMID: 29631782. DOI: 10.1016/S2213-8587(18)30075-5.

34. Smith MR, Egerdie B, Hernandez Toriz N, et al. Denosumab in Men Receiving Androgen-Deprivation Therapy for Prostate Cancer. N Engl J Med. 2009 Aug 20; 361(8): 745-755.
35. Ellis GK, Bone HG, Chlebowski R, et al. Randomized Trial of Denosumab in Patients Receiving Adjuvant Aromatase Inhibitors for Nonmetastatic Breast Cancer. J Clin Oncol, 26 (30), 4875-82; 2008 Oct 20. PMID: 18725648. DOI: 10.1200/JCO.2008.16.3832.
36. Raje N, Terpos E, Willenbacher W, et al. Denosumab Versus Zoledronic Acid in Bone Disease Treatment of Newly Diagnosed Multiple Myeloma: An International, Double-Blind, Double-Dummy, Randomised, Controlled, Phase 3 Study. Lancet Oncol, 19 (3), 370-381; Mar 2018. PMID: 29429912. DOI: 10.1016/S1470-2045(18)30072-X.
37. Chawla S, Henshaw R, Seeger L, et al. Safety and Efficacy of Denosumab for Adults and Skeletally Mature Adolescents With Giant Cell Tumour of Bone: Interim Analysis of an Open-Label, Parallel-Group, Phase 2 Study. Lancet Oncol, 14 (9), 901-8; Aug 2013. PMID: 23867211. DOI: 10.1016/S1470-2045(13)70277-8.
38. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Bone Cancer. Version 2.2026. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
39. Scagliotti GV, Hirsh V, Siena S, et al. Overall Survival Improvement in Patients With Lung Cancer and Bone Metastases Treated With Denosumab Versus Zoledronic Acid: Subgroup Analysis From a Randomized Phase 3 Study. J Thorac Oncol, 7 (12), 1823-1829; Dec 2012. PMID: 23154554. DOI: 10.1097/JTO.0b013e31826aec2b.
40. Eastell R, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society* Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 104, Issue 5, May 2019, Pages 1595–1622, https://doi.org/10.1210/jc.2019-00221. Published: 25 March 2019.
41. Shoback D, Rosen CJ, Black DM, et al. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update. J Clin Endocrinol Metab. 2020 Mar 1;105(3):dgaa048. Doi: 10.1210/clinem/dgaa048.
42. Orsolini G, Gavioli I, Tripi G, et al. Denosumab for the Treatment of Mastocytosis-Related Osteoporosis: A Case Series. Calcif Tissue Int. 2017 Jun;100(6):595-598. doi: 10.1007/s00223-017-0241-z.

43. Management of osteoporosis in postmenopausal women: the 2021 position statement of The North American Menopause Society. Menopause. 2021 Sep 1;28(9):973-997. Doi: 10.1097/GME.0000000000001831.
44. Rosen HN. (2026). Bisphosphonate therapy for the treatment of osteoporosis. In Rosen CJ, Schmader KE, Rubinow K (Eds.), *UptoDate*. Last updated: Apr 27, 2026. Accessed June 08, 2026. Available from https://www.uptodate.com/contents/bisphosphonate-therapy-for-the-treatment-of-osteoporosis
45. Camacho PM, Petak SM, Binkley N, et al. American Association Of Clinical Endocrinologists/American College Of Endocrinology Clinical Practice Guidelines For The Diagnosis And Treatment Of Postmenopausal Osteoporosis-2020 Update. Endocr Pract. 2020 May;26(Suppl 1):1-46. doi: 10.4158/GL-2020-0524SUPPL.
46. Jackson RD, LaCroix AZ, Gass M, Women's Health Initiative Investigators. Calcium plus vitamin D supplementation and the risk of fractures. N Engl J Med. 2006; 354(7):669–683.
47. LeBoff MS, Greenspan SL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. Osteoporos Int. 2022 Oct;33(10):2049-2102. Doi: 10.1007/s00198-021-05900-y. Epub 2022 Apr 28.
48. Qaseem A, Hicks LA, Etxeandia-Ikobaltzeta I, et al; Clinical Guidelines Committee of the American College of Physicians. Pharmacologic Treatment of Primary Osteoporosis or Low Bone Mass to Prevent Fractures in Adults: A Living Clinical Guideline From the American College of Physicians. Ann Intern Med. [Epub 3 January 2023]. doi:10.7326/M22-1034.
49. Humphrey, M.B., Russell, L., Danila, M.I., et al. (2023), 2022 American College of Rheumatology Guideline for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis. Arthritis Rheumatol, 75: 2088-2102. https://doi.org/10.1002/art.42646
50. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Prostate Cancer. Version 5.2026. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
51. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Breast Cancer. Version 3.2026. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
52. Osvyrti [package insert]. Raleigh, NC; Accord BioPharma Inc.; October 2025. Accessed June 2026.

53. Jubereq [package insert]. Raleigh, NC; Accord BioPharma Inc.; October 2025. Accessed June 2026.
54. Boncresa [package insert]. Piscataway, NJ; Amneal Pharmaceuticals LLC; October 2025. Accessed June 2026.
55. Oziltus [package insert]. Piscataway, NJ; Amneal Pharmaceuticals LLC; October 2025. Accessed June 2026.
56. Cosman F, Lewiecki EM, Eastell R, et al. Goal-directed osteoporosis treatment: ASBMR/BHOF task force position statement 2024. *Journal of Bone and Mineral Research*, Volume 39, Issue 10, September 2024, Pages 1393–1405, https://doi.org/10.1093/jbmr/zjae119
57. National Government Services, Inc. Local Coverage Article: Billing and Coding: Denosumab (Prolia®, Xgeva®, Jubbonti®, Wyost®, Ospomyv™, Xbryk™, Bomyntra®, Conexxence®, Stoboclo®, Osenvelt®, Bildyos®, Bilprevda®) (A52399). Centers for Medicare & Medicaid Services, Inc. Updated on 03/27/2026 with effective date 03/01/2026. Accessed June 2026.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

Prolia, Bildyos, Bosaya, Boncresa, Conexxence/Denosumab-bnht, Enoby, Jubbonti, Ospomyv/Denosumab-dssb, Osvyrti, Stoboclo/Denosumab-bmwo

ICD-10	ICD-10 Description
C50.011-C50.929	Malignant neoplasms of breast

ICD-10	ICD-10 Description
C50.A0-C50.A2	Malignant inflammatory neoplasm of breast
C61	Malignant neoplasm of prostate
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D47.02	Systemic mastocytosis
M80.00XA-M80.08XS	Age-related osteoporosis with current pathological fracture
M80.8B2A-M80.8B2S	Osteoporosis with current pathological fracture
M80.8B9A-M80.8B9S	Osteoporosis with current pathological fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh

ICD-10	ICD-10 Description
M85.859	Other specified disorders of bone density and structure, unspecified thigh
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
T38.0X5A	Adverse effect of glucocorticoids and synthetic analogues, initial encounter
T38.0X5S	Adverse effect of glucocorticoids and synthetic analogues, sequela
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs)
Z85.3	Personal history of malignant neoplasm of breast
Z85.46	Personal history of malignant neoplasm of prostate

Xgeva, Aukelso, Bilprevda, Bomyntra/Denosumab-bnht, Jubereq, Osenvelt/Denosumab-bmwo, Oziltus, Wyost, Xbryk, Xtrenbo

ICD-10	ICD-10 Description
C00-C14	Malignant neoplasms of lip, oral cavity and pharynx
C15-C26	Malignant neoplasms of digestive organs
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs
C40-C41	Malignant neoplasms of bone and articular cartilage
C43-C44	Melanoma and other malignant neoplasms of skin
C45-C49	Malignant neoplasms of mesothelial and soft tissue
C50.011-C50.929	Malignant neoplasms of breast
C50.A0-C50.A2	Malignant inflammatory neoplasm of breast
C51-C58	Malignant neoplasms of female genital organs
C60-C63	Malignant neoplasms of male genital organs
C64-C68	Malignant neoplasms of urinary tract
C69-C72	Malignant neoplasms of eye, brain and other parts of central nervous system
C73-C75	Malignant neoplasms of thyroid and other endocrine glands
C7A.00-C7A.8	Malignant neuroendocrine tumors
C7B.00-C7B.8	Secondary neuroendocrine tumors
C76-C80	Malignant neoplasms of ill-defined, other secondary and unspecified sites

ICD-10	ICD-10 Description
C81	Hodgkin lymphoma
C82	Follicular lymphoma
C83	Non-follicular lymphoma
C84	Mature T/NK-cell lymphomas
C85	Other specified and unspecified types of non-Hodgkin lymphoma
C86	Other specified types of T/NK-cell lymphoma
C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma, in relapse
C90.10	Plasma cell leukemia not having reached remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having reached remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
D00-D09	In situ neoplasms
D10-D36	Benign neoplasms, except benign neuroendocrine tumors
D3A.00-D3A.8	Benign neuroendocrine tumors
D37-D44	Neoplasm of uncertain behavior of oral cavity and digestive organs - Neoplasm of uncertain behavior of endocrine glands
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D49.0-D49.9	Neoplasms of unspecified behavior
E83.52	Hypercalcemia
Z85	Personal history of malignant neoplasm
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast

ICD-10	ICD-10 Description
Z85.46	Personal history of malignant neoplasm of prostate
Z85.528	Personal history of other malignant neoplasm of kidney

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/Article):

Prolia, Xgeva, Jubbonti, Wyost, Ospomyv, Xbryk, Bomyntra, Conexxence, Stoboclo, Osenvelt, Bildyos, and Bilprevda

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	**NCD/LCA/LCD Document (s)**	**Contractor**
6, K	A52399	National Government Services, Inc

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC