CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Bone Modifiers – Denosumab Products (Prolia) Utilization Management Medical Policy
- Bildyos® (denosumab-nxxp subcutaneous injection – Organon)
- Bosaya™ (denosumab-kyqq subcutaneous injection – Biocon)
- Conexxence® (denosumab-bnht subcutaneous injection – Fresenius Kabi)
- Enoby™ (denosumab-qbde subcutaneous injection – Hikma)
- Jubbonti® (denosumab-bbdz subcutaneous injection – Sandoz)
- Ospomyv™ (denosumab-dssb subcutaneous injection – Samsung Bioepis)
- Prolia® (denosumab subcutaneous injection – Amgen)
- Stoboclo® (denosumab-bmwo subcutaneous injection – Celltrion)

REVIEW DATE: 10/08/2025; selected revision 10/29/2025, 01/14/2026, and 03/04/2026

OVERVIEW

Denosumab products (Prolia, biosimilars) are receptor activator of nuclear factor kappa-B ligand inhibitors indicated for the following uses:[1-8]
- **Bone loss (treatment to increase bone mass), in men with nonmetastatic prostate cancer** at high risk for fracture receiving androgen deprivation therapy.
- **Bone loss (treatment to increase bone mass), in women with breast cancer** at high risk for fracture receiving adjuvant aromatase inhibitor therapy.
- **Glucocorticoid-induced osteoporosis (treatment)**, 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.
- **Osteoporosis**, **treatment of postmenopausal women** at high risk of fracture.
- **Osteoporosis**, **treatment to increase bone mass in men** at high risk for fracture.

In general, high risk of fractures is defined as a history of osteoporotic fracture, multiple risk factors for fracture, or patients who have failed or are intolerant to other available osteoporosis therapy.[1-8]

Of note, denosumab subcutaneous injection is also available under the brand name Xgeva® (and biosimilars) but is not included in this policy.[9]

Dosing Information

For all indications, the dose is 60 mg once every 6 months as a subcutaneous injection.[1-8]

Guidelines

Several guidelines address denosumab products (Prolia, biosimilars).
- **Breast Cancer/Prostate Cancer:** The National Comprehensive Cancer Network guidelines for breast cancer (version 4.2025 – April 17, 2025)[10] and prostate cancer (version 2.2026 – September 15, 2025)[11] note that if patients are receiving agents that impact bone mineral density (BMD), bisphosphonates (oral/intravenous), as well as denosumab (Prolia, biosimilars), should be considered to maintain or improve BMD and/or reduce the risk of fractures.
- **Glucocorticoid-Induced Osteoporosis (GIO):** In 2022, the American College of Rheumatology published guidelines for the prevention and treatment of GIO.[12] In various clinical scenarios, oral bisphosphonates are preferred, followed by intravenous bisphosphonates (e.g., zoledronic acid

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intravenous infusion [Reclast]). Denosumab products (Prolia, biosimilars) have a role in higher-risk patients.

- **Postmenopausal Osteoporosis:** Denosumab products (Prolia, biosimilars) are prominently featured in guidelines for postmenopausal osteoporosis by the Endocrine Society (2019)[13] and the American Association of Clinical Endocrinologists and the American College of Endocrinology (2020).[14] Denosumab products (Prolia, biosimilars) are one of several agents cited as an alternative for patients at high risk for fractures. The Bone Health and Osteoporosis Foundation clinician's guide for prevention and treatment of osteoporosis (2022) cites denosumab products (Prolia, biosimilars) as robustly reducing vertebral and non-vertebral fractures in studies involving women with postmenopausal osteoporosis.[15]

Safety

There is a Boxed Warning for denosumab products (Prolia, biosimilars) regarding severe hypocalcemia in patients with advanced kidney disease.[1-8] Patients with advanced chronic kidney disease are at greater risk of severe hypocalcemia following denosumab (Prolia, biosimilar) administration. Severe hypocalcemia resulting in hospitalization, life-threatening events, and fatal cases have been reported. The presence of chronic kidney disease mineral and bone disorder (CKD-MBD) greatly increases the risk of hypocalcemia. Before starting denosumab products (Prolia, biosimilars) in patients with advanced chronic kidney disease, evaluate for the presence of CKD-MBD. Treatment with denosumab products (Prolia, biosimilars) in these patients should be supervised by a healthcare provider with expertise in the diagnosis and management of CKD-MBD.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of denosumab products (Prolia, biosimilars). Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 1 year in duration. In the approval indication, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: men are defined as individuals with the biological traits of a man, regardless of the individual's gender identity or gender expression.

Automation: None.

*Indications and/or approval conditions noted with **[EviCore]** are managed by EviCore healthcare for those clients who use EviCore for oncology and/or oncology-related reviews. For these conditions, a prior authorization review should be directed to EviCore at www.EviCore.com.*

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of denosumab products (Prolia, biosimilars) is recommended in those who meet one of the following criteria:

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FDA-Approved Indications

1. **Bone Loss (Treatment to Increase Bone Mass) in Patients with Breast Cancer at High Risk for Fracture Receiving Adjuvant Aromatase Inhibitor Therapy.** Approve for 1 year if the patient meets BOTH of the following (A and B): ***[EviCore]***
   - **A)** Patient has breast cancer that is not metastatic to bone; AND
   - **B)** Patient is receiving aromatase inhibitor therapy.
     Note: Examples of aromatase inhibitor therapy are anastrozole, letrozole, or exemestane.

   Dosing. Approve 60 mg subcutaneously once every 6 months.

2. **Bone Loss (Treatment to Increase Bone Mass) in Patients with Nonmetastatic Prostate Cancer at High Risk for Fracture Receiving Androgen Deprivation Therapy.** Approve for 1 year if the patient meets BOTH of the following (A and B): ***[EviCore]***
   - **A)** Patient has prostate cancer that is not metastatic to bone; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** Patient is receiving androgen deprivation therapy; OR
       Note: Examples of androgen deprivation therapy are Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion), Lupron Depot (leuprolide depot suspension injection), Eligard (leuprolide acetate suspension injectable), Firmagon (degarelix subcutaneous injection), Orgovyx (relugolix tablets), Trelstar (triptorelin pamoate suspension injection), and Zoladex (goserelin implant).
     - **ii.** Patient has undergone bilateral orchiectomy.

   Dosing. Approve 60 mg subcutaneously once every 6 months.

3. **Glucocorticoid-Induced Osteoporosis – Treatment.** Approve for 1 year of the patient meets BOTH of the following (A and B):
   - **A)** Patient is either initiating or continuing systemic glucocorticoids; AND
     Note: An example of a systemic glucocorticoid is prednisone.
   - **B)** Patient meets ONE of the following (i, ii, iii, or iv):
     - **i.** Patient has tried zoledronic acid intravenous infusion (Reclast); OR
     - **ii.** Patient has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets ONE of the following (a or b):
       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), Binosto (alendronate effervescent tablets for oral solution), and Boniva (ibandronate tablets).
       - **a)** According to the prescriber, patient has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months; OR
         Note: Examples of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack of a BMD increase, and/or an osteoporotic fracture or a fragility fracture.
       - **b)** Patient has experienced significant intolerance to an oral bisphosphonate; OR
         Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.
     - **iii.** Patient cannot take an oral bisphosphonate due to ONE of the following (a, b, or c):

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a) Patient cannot swallow or has difficulty swallowing; OR
b) Patient cannot remain in an upright position post oral bisphosphonate administration; OR
c) Patient 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. Patient meets ONE of the following (a or b):
a) Patient meets BOTH of the following [(1) and (2)]:
(1) According to the prescriber, the patient has severe renal impairment or chronic kidney disease; AND
Note: An example of severe renal impairment is a creatinine clearance < 35 mL/minute.
(2) Patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of denosumab (Prolia, biosimilars)-induced hypocalcemia; OR
b) Patient has had an osteoporotic fracture or a fragility fracture.

Dosing. Approve 60 mg subcutaneously once every 6 months.

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4. Osteoporosis Treatment for a Postmenopausal Patient. Approve for 1 year if the patient meets BOTH of the following (A and B):
A) Patient meets ONE of the following (i, ii, or iii):
i. Patient 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. Patient has had an osteoporotic fracture or a fragility fracture; OR
iii. The patient meets BOTH of the following (a and b):
a) Patient 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) According to the prescriber, patient is at high risk for fracture; AND
B) Patient meets ONE of the following (i, ii, iii, or iv):
i. Patient has tried ibandronate intravenous injection (Boniva) or zoledronic acid intravenous infusion (Reclast); OR
ii. Patient has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and meets ONE of the following (a or b):
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), Binosto (alendronate effervescent tablets for oral solution), and Boniva (ibandronate tablets).
a) According to the prescriber, patient has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months; OR
Note: Examples of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack of a BMD increase, and/or an osteoporotic fracture or a fragility fracture.
b) Patient has experienced significant intolerance to an oral bisphosphonate; OR
Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.

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iii. Patient cannot take an oral bisphosphonate due to ONE of the following (a, b, or c):
- **a)** Patient cannot swallow or has difficulty swallowing; OR
- **b)** Patient cannot remain in an upright position post oral bisphosphonate administration; OR
- **c)** Patient 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. Patient meets ONE of the following (a or b):
- **a)** Patient meets BOTH of the following [(1) and (2)]:
  - **(1)** According to the prescriber, the patient has severe renal impairment or chronic kidney disease; AND
    Note: An example of severe renal impairment is a creatinine clearance < 35 mL/minute.
  - **(2)** Patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of denosumab (Prolia, biosimilars)-induced hypocalcemia; OR
- **b)** Patient has had an osteoporotic fracture or a fragility fracture.

Dosing. Approve 60 mg subcutaneously once every 6 months.

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5. Osteoporosis Treatment (to Increase Bone Mass) for Men*. Approve for 1 year if the patient meets BOTH of the following (A and B):

A) Patient meets ONE of the following (i, ii, or iii):
- **i.** Patient has had a T-score (current or at any time in the past) at or below -2.5 at the lumbar spine, femoral neck, or total hip, and/or 33% (one-third) radius (wrist); OR
- **ii.** Patient has had an osteoporotic fracture or a fragility fracture; OR
- **iii.** The patient meets BOTH of the following (a and b):
  - **a)** Patient 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)** According to the prescriber, patient is at high risk for fracture; AND

B) Patient meets ONE of the following (i, ii, iii, or iv):
- **i.** Patient has tried zoledronic acid intravenous infusion (Reclast); OR
- **ii.** Patient has tried at least one oral bisphosphonate or oral bisphosphonate-containing product and has had ONE of the following (a or b):
  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), Binosto (alendronate effervescent tablets for oral solution), and Boniva (ibandronate tablets).
  - **a)** According to the prescriber, patient has experienced inadequate efficacy to oral bisphosphonate therapy after a trial duration of 12 months; OR
    Note: Example of inadequate efficacy are ongoing and significant loss of bone mineral density (BMD), lack of a BMD increase, and/or an osteoporotic fracture or a fragility fracture.
  - **b)** Patient has experienced significant intolerance to an oral bisphosphonate; OR
    Note: Examples of significant intolerance include severe gastrointestinal related adverse events and/or severe musculoskeletal related adverse events.

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iii. Patient cannot take an oral bisphosphonate due to ONE of the following (a, b, or c):
- **a)** Patient cannot swallow or has difficulty swallowing; OR
- **b)** Patient cannot remain in an upright position post oral bisphosphonate administration; OR
- **c)** Patient 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. Patient meets ONE of the following (a or b):
- **a)** Patient meets BOTH of the following [(1) and (2)]:
  - **(1)** According to the prescriber, the patient has severe renal impairment or chronic kidney disease; AND
    Note: An example of severe renal impairment is a creatinine clearance < 35 mL/minute.
  - **(2)** Patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of denosumab (Prolia, biosimilars)-induced hypocalcemia; OR
- **b)** Patient has had an osteoporotic fracture or a fragility fracture.

* Refer to the Policy Statement.

Dosing. Approve 60 mg subcutaneously once every 6 months.

Other Uses with Supportive Evidence

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6. Treatment of Bone Loss in Patients with Prostate Cancer Receiving Androgen Deprivation Therapy. Approve for 1 year if the patient is receiving androgen deprivation therapy. ***[EviCore]***
Note: Examples of androgen deprivation therapy are Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion), Lupron Depot (leuprolide depot suspension injection), Eligard (leuprolide acetate suspension injectable), Firmagon (degarelix subcutaneous injection), Trelstar (triptorelin pamoate suspension injection), Zoladex (goserelin implant), and Orgovyx (relugolix tablets).

Dosing. Approve 60 mg subcutaneously once every 6 months.

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7. Increase Bone Mineral Density in Patients with Breast Cancer. Approve for 1 year if the patient meets ONE of the following (A or B): ***[EviCore]***

A) Patient meets BOTH of the following (i and ii):
- **i.** Patient is postmenopausal; AND
- **ii.** Patient is receiving aromatase inhibitor therapy; OR
  Note: Examples of aromatase inhibitor therapy are anastrozole, letrozole, or exemestane.

B) Patient meets BOTH of the following (i and ii):
- **i.** Patient is premenopausal; AND
- **ii.** Patient is receiving estrogen deprivation therapy
  Note: Examples of estrogen deprivation therapy are leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous injection), anastrozole, letrozole, and exemestane.

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Dosing. Approve 60 mg subcutaneously once every 6 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of denosumab products (Prolia, biosimilars) is not recommended in the following situations:

1. **Concurrent Use with Other Denosumab Products.**
   Note: Examples of other denosumab products include Xgeva, biosimilars.
   The prescribing information contains a Warning that patients receiving denosumab subcutaneous injection (Prolia, biosimilars) should not receive other denosumab products concomitantly.[1]

2. **Concurrent Use with Other Medications for Osteoporosis.**
   Note: Examples of medications for osteoporosis that denosumab products (Prolia, biosimilars) should not be given with include teriparatide subcutaneous injection (Forteo), Tymlos (abaloparatide subcutaneous injection), oral bisphosphonates (e.g., alendronate, risedronate, ibandronate), intravenous bisphosphonates (zoledronic acid intravenous infusion [Reclast], ibandronate intravenous infusion), calcitonin nasal spray (Miacalcin/Fortical), and Evenity (romosozumab-aqqg subcutaneous injection). Denosumab products (Prolia, biosimilars) are not indicated for use as combination therapy.[1-8] However, calcium and/or vitamin D supplements may be used in combination with this medication.

3. **Giant Cell Tumor of Bone.** ***[EviCore]***
   Studies in giant cell tumor of the bone used dosing of denosumab subcutaneous injection (Xgeva, biosimilars), which is indicated for the 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.[9]

4. **Osteoporosis Prevention.** Denosumab products (Prolia, biosimilars) are not indicated for the prevention of osteoporosis.[1-8]

5. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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REFERENCES

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2. Jubbonti® subcutaneous injection [prescribing information]. Princeton, NJ: Sandoz; October 2024.
3. Stoboclo® subcutaneous injection [prescribing information]. Jersey City, NJ, Celltrion; September 2025.
4. Conexxence® subcutaneous injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi; March 2025.
5. Bildyos® subcutaneous injection [prescribing information]. Jersey City, NJ: Organon; September 2025.
6. Ospomyv™ subcutaneous injection [prescribing information]. Incheon, Republic of Korea: Samsung Bioepis; February 2025.
7. Enoby™ subcutaneous injection [prescribing information]. Cherry Hill, NJ: Hikma, September 2025.
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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	To comply with standard wording, the phrase "as determined by the prescriber" was replaced with "according to the prescriber. In addition, the following changes were made: **Glucocorticoid-Induced Osteoporosis – Treatment:** The exception that the patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy was removed. Instead, this exception was incorporated into a Note that lists osteoporotic fracture or a fragility fracture as an example of inadequate efficacy or significant intolerance to a trial of an oral bisphosphonate or an oral bisphosphonate-containing product. Femoral fracture was removed as an example of significant intolerance to an oral bisphosphonate. **Osteoporosis Treatment for Men:** The exception that the patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy was removed. Instead, this exception was incorporated into a Note that lists osteoporotic fracture or a fragility fracture as an example of inadequate efficacy or significant intolerance to a trial of an oral bisphosphonate or an oral bisphosphonate-containing product. Femoral fracture was removed as an example of significant intolerance to an oral bisphosphonate. **Osteoporosis Treatment for a Postmenopausal Patient:** The exception that the patient has had an osteoporotic fracture or a fragility fracture while receiving oral bisphosphonate therapy was removed. Instead, this exception was incorporated into a Note that lists osteoporotic fracture or a fragility fracture as an example of inadequate efficacy or significant intolerance to a trial of an oral bisphosphonate or an oral bisphosphonate-containing product. Femoral fracture was removed as an example of significant intolerance to an oral bisphosphonate.	09/27/2023
Annual Revision	**Glucocorticoid-Induced Osteoporosis – Treatment:** The exception to the requirement for a trial of a bisphosphonate due to severe renal impairment or chronic kidney disease were revised. The criteria are now combined and the phrase "according to the prescriber" was added. Additionally, the requirement was added that the patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of Prolia-induced hypocalcemia. **Osteoporosis Treatment (to Increase Bone Mass) for Men:** The exception to the requirement for a trial of a bisphosphonate due to severe renal impairment or chronic kidney disease were revised. The criteria are now combined and the phrase "according to the prescriber" was added. Additionally, the requirement was added that the patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of Prolia-induced hypocalcemia. **Osteoporosis Treatment for a Postmenopausal Patient:** The exception to the requirement for a trial of a bisphosphonate due to severe renal impairment or chronic kidney disease were revised. The criteria are now combined and the phrase "according to the prescriber" was added. Additionally, the requirement was added that the patient has been evaluated for the presence of chronic kidney disease mineral and bone disorder to reduce the risk of Prolia-induced hypocalcemia. **Treatment of Bone Loss in Patients with Prostate Cancer Receiving Androgen Deprivation Therapy:** This was added as a new condition of approval in the "Other Uses with Supportive Evidence" section. Dosing was added. **Increase Bone Mineral Density in Patients with Breast Cancer:** This was added as a new condition of approval in the "Other Uses with Supportive Evidence" section. Dosing was added.	10/23/2024
Selected Revision	Jubbonti was added to the policy with the same criteria as Prolia. The Policy name was changed from "Bone Modifiers – Prolia" to "Bone Modifiers – Denosumab Products (Prolia)". Throughout the policy, wording was changed from Prolia to denosumab products (Prolia, biosimilar).	05/14/2025
Selected Revision	Stoboclo was added to the policy with the same criteria as Prolia. Throughout the policy, wording was changed to note that there are multiple biosimilars to Prolia.	06/11/2025
Selected Revision	Conexxence was added to the policy with the same criteria as the other denosumab (Prolia, biosimilars) products.	07/09/2025
Selected Revision	Bildyos was added to the policy with the same criteria as the other denosumab (Prolia, biosimilars) products.	09/24/2025

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HISTORY (CONTINUED)

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Bone Loss (Treatment to Increase Bone Mass) in Patients with Nonmetastatic Prostate Cancer at High Risk for Fracture Receiving Androgen Deprivation Therapy:** Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion) Firmagon (degarelix subcutaneous injection), Orgovyx (relugolix tablets) were added as examples of androgen deprivation therapy. **Glucocorticoid-Induced Osteoporosis – Treatment:** Binosto (alendronate effervescent tablets for oral solution) added as an example of a bisphosphonate. **Osteoporosis Treatment for a Postmenopausal Patient:** Binosto (alendronate effervescent tablets for oral solution) added as an example of a bisphosphonate. **Osteoporosis Treatment (to Increase Bone Mass) for Men:** Binosto (alendronate effervescent tablets for oral solution) added as an example of a bisphosphonate. **Treatment of Bone Loss in Patients with Prostate Cancer Receiving Androgen Deprivation Therapy:** Camcevi/Camcevi ETM (leuprolide subcutaneous injectable emulsion) and Firmagon (degarelix subcutaneous injection) were added as examples of androgen deprivation therapy. **Conditions Not Recommended for Approval:** For Concurrent Use with Other Medications for Osteoporosis, the Note was modified from "this does NOT exclude use of calcium and/or vitamin D supplements in combination with denosumab products (Prolia, biosimilars)" to "calcium and/or vitamin D supplements may be used in combination with this medication."	10/08/2025
Selected Revision	Ospomyv was added to the policy with the same criteria as the other denosumab (Prolia, biosimilars) products.	10/29/2025
Selected Revision	Enoby was added to the policy with the same criteria as the other denosumab (Prolia, biosimilars) products.	01/14/2026
Selected Revision	Bosaya was added to the policy with the same criteria as the other denosumab (Prolia, biosimilars) products. **Conditions Not Recommended for Approval:** The condition "Concurrent Use with Other Denosumab Products" was added.	03/04/2026

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