Prolia *(denosumab)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Prolia is indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.
Other Criteria	Must follow LCD L34648 Bisphosphonate Drug Therapy LCD - Bisphosphonate Drug Therapy (L34648)
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	Up to two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J0897	Prolia (denosumab)	**Billing unit: 1 mg** 60 mg/mL SD syringe

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025