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5.30.018

Section:	Prescription Drugs	**Effective Date:**	January 1, 2026
Subsection:	Endocrine and Metabolic Drugs	**Original Policy Date:**	March 13, 2015
Subject:	Xgeva	**Page:**	1 of 7

Last Review Date: December 12, 2025

Xgeva

Description

Xgeva (denosumab)

Aukelso* (denosumab-kyqq)

Bilprevda* (denosumab-nxxp)

Bomyntra* (denosumab-bnht)

Osenvelt* (denosumab-bmwo)

Wyost* (denosumab-bbdz)

Xbryk* (denosumab-dssb)

Xtrenbo* (denosumab-qbde)

*This medication is currently pending tier determination and may not be available at this time

Background

Xgeva and its biosimilars are indicated for the prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors and for treatment of giant cell tumor of bone. Xgeva and its biosimilars bind to the protein essential for the formation, function, and survival of osteoclasts, the cells responsible for bone resorption. Increased osteoclast activity is a mediator of solid tumor bone metastases. Similarly, giant cell tumors of bone and osteoclast-like giant cells contribute to osteolysis and [bone] tumor growth. Xgeva and its biosimilars prevent activation of osteoclasts, their precursors, and osteoclast-like giant cells (1-8).

Regulatory Status

FDA-approved indications: Xgeva and its biosimilars are RANK ligand (RANKL) inhibitors indicated for: (1-8)

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors
- 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
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy

Xgeva and its biosimilars are contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Xgeva and its biosimilars (1-8).

Xgeva and its biosimilars may increase risks for osteonecrosis of the jaw, hypocalcemia, and atypical femoral fracture (1-8).

Related policies

Evenity, Parathyroid Hormone Analogs, Prolia

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xgeva and its biosimilars may be considered **medically necessary** if the conditions indicated below are met.

Xgeva and its biosimilars may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Giant cell tumor of bone

a. Tumor is unresectable or surgical resection is not recommended
b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
c. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Bone metastases from solid tumors
2. Multiple myeloma
   AND ALL of the following for **BOTH** indications above:
   a. At high risk for skeletal-related events
   b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
   c. Inadequate treatment response, intolerance, or contraindication to **ONE** intravenous bisphosphate (e.g., ibandronate, pamidronate, zoledronic acid)
3. Hypercalcemia of malignancy
   a. Disease must have relapsed or progressed after bisphosphonate therapy

AND the following for **ALL** indications:
a. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Giant cell tumor of bone
   a. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Bone metastases from solid tumors
2. Multiple myeloma
3. Hypercalcemia of malignancy

AND the following for **ALL** indications:

a. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior – Approval Limits

Quantity 5 vials per 84 days

Duration 3 months

Prior – Approval *Renewal* Limits

Quantity 3 vials per 84 days

Duration 12 months

Rationale

Summary

Xgeva and its biosimilars are osteoclast inhibitors used to treat complications of bone metastases in patients with multiple myeloma and in patients with solid tumor cancers, for treatment of giant cell tumor of bone and for hypercalcemia of malignancy refractory to bisphosphonate therapy. Xgeva and its biosimilars may increase risks for osteonecrosis of the jaw, hypocalcemia, and atypical femoral fracture. The safety and efficacy of Xgeva and its

biosimilars have not been established in pediatric patients except in skeletally mature adolescents with giant cell tumor of bone (age 12-16 years) (1-8).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Xgeva and its biosimilars while maintaining optimal therapeutic outcomes.

References

1. Xgeva [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2025.
2. Bomyntra [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; March 2025.
3. Osenvelt [package insert]. Jersey City, NJ: Celtrion USA, Inc.; February 2025.
4. Wyost [package insert]. Princeton, NJ: Sandoz Inc.; March 2024.
5. Xbryk [package insert]. Incheon, Republic of Korea: Samsung Bioepis Co., Ltd.; February 2025.
6. Bilprevda [package insert]. Jersey City, NJ: Organon LLC; August 2025.
7. Aukelso [package insert]. Cambridge, MA: Biocon Biologics Inc.; September 2025.
8. Xtrenbo [package insert]. Cherry Hill, NJ: Hikma Pharmaceuticals USA Inc.; September 2025.

Policy History

Date	Action
March 2015	Addition to PA Annual editorial review and reference update Added new indication hypercalcemia of malignancy
June 2015	Annual editorial review and reference update
December 2015	Annual editorial review and reference update Addition to the bone metastases of inadequate treatment response, intolerance, or contraindication to one of the following: IV bisphosphonate, pamidronate, or zoledronic acid and addition of quantity limits and change to initial PA duration to 3 months per PMPC
March 2016	Annual review Policy number changed from 5.07.18 to 5.30.18
September 2016	Annual review
December 2017	Annual editorial review and reference update Addition of age requirement to renewal section
January 2018	Addition of multiple myeloma indication Removal of the requirement of no concurrent diagnosis of multiple myeloma
March 2018	Annual review
September 2019	Annual review and reference update
December 2020	Annual review and reference update

December 2021	Annual review
December 2022	Annual review. Changed policy number to 5.30.018
December 2023	Annual review
September 2024	Annual review
September 2025	Annual editorial review and reference update. Addition of biosimilars: Bomyntra, Osenvelt, Wyost, and Xbryk. Changed age to 12 years or older for Giant cell tumor of bone
December 2025	Annual editorial review and reference update. Addition of biosimilars: Bilprevda, Aukelso, and Xtrenbo. Per SME, reworded IV bisphosphate t/f requirement

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.

Appendix 1 - List of RANKL Inhibitors

Generic Name	Brand Name
denosumab	Prolia
denosumab	Xgeva