Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 1, 2026

Bilprevda® (denosumab-nxxp)/Bomyntra® (denosumab-bmwo)/Osenvelt® (denosumab-bmwo)/Wyost® (denosumab-bbdz)/Xgeva® (denosumab)

LENGTH OF AUTHORIZATION: Up to 6 months

REVIEW CRITERIA:

- Product must be considered in accordance with the FDA approved recommendations for patient age.
- Patient must have a documented diagnosis of one of the following (progress notes or medical records confirming the diagnosis must be provided):
  - Multiple Myeloma
  - Bone metastases from solid tumors
  - Giant Cell Tumor of the bone that is unresectable or resection will likely cause severe morbidity in skeletally mature patients
  - Hypercalcemia of malignancy refractory to bisphosphonate therapy

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/

Note: Bilprevda®, Bomyntra®, Osenvelt®, and Wyost® are biosimilars for Xgeva.