Anabolic Therapies for Osteoporosis in Postmenopausal Women: Effectiveness and Value

Questions for Deliberation: June 30, 2017 Public Meeting

Clinical Evidence

1. For postmenopausal women with osteoporosis and a high risk of fracture,¹ is the evidence adequate to demonstrate that the net health benefit of treatment with teriparatide (Forteo®, Eli Lilly and Co.), is greater than that of treatment with zoledronic acid?
   Yes  No

2. For postmenopausal women with osteoporosis and a high risk of fracture,¹ is the evidence adequate to demonstrate that the net health benefit of treatment with abaloparatide (Tymlos™, Radius Health Inc.), is greater than that of treatment with zoledronic acid?
   Yes  No

3. For postmenopausal women with osteoporosis and a high risk of fracture,¹ is the evidence adequate to demonstrate that the net health benefit of treatment with romosozumab (Amgen, Inc. and UCB, Inc.), is greater than that of treatment with zoledronic acid?
   Yes  No

4. For postmenopausal women with osteoporosis and a high risk of fracture,¹ is the evidence adequate to distinguish the net health benefit among teriparatide, abaloparatide, and romosozumab?
   Yes  No

Long-term Value for Money

5. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with teriparatide followed by zoledronic acid versus treatment with zoledronic acid alone for postmenopausal women with osteoporosis at high risk for fracture?¹
   a. Low  b. Intermediate  c. High

¹ High risk for fracture defined as the presence of a prior fragility fracture and a bone mineral density T-score of -2.5 or lower.
6. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with abaloparatide followed by zoledronic acid versus treatment with zoledronic acid alone for postmenopausal women with osteoporosis at high risk for fracture?²

   a. Low  
   b. Intermediate  
   c. High

² High risk for fracture defined as the presence of a prior fragility fracture and a bone mineral density T-score of -2.5 or lower.