

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.