Clinical Policy Title:	abiraterone
Policy Number:	RxA.325
Drug(s) Applied:	Zytiga®, Yonsa®, abiraterone
Original Policy Date:	02/07/2020
Last Review Date:	2/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Castration resistant (chemical or surgical) prostate cancer (CRPC) (must meet all)**:**

1. Diagnosis of CRPC;
2. Zytiga and Yonsa requests only:
    a. Trial and failure, contraindication, or intolerance to Xtandi;

Approval duration:

All Lines of Business (except Medicare): 6 months

B. Diagnosis of castration-sensitive prostate cancer (CSPC) (must meet all)**:**

1. Diagnosis of CSPC
2. Zytiga requests only:
    a. Trial and failure, contraindication, or intolerance to Erleada or Xtandi

*Diagnosis not approved for Yonsa

Approval duration:

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Prostate Cancer (must meet all)**:**

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Prostate Cancer Version 01.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed April 17, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy title was updated.	07/28/2020	09/14/2020

2. Indications were updated. 3. Initial Approval criteria updated. 4. Continued Therapy Approval criteria II.A.1 was rephrased. 5. References were updated.		
Policy was reviewed: 1. Initial and Continued therapy criteria approval duration was updated to remove HIM approval duration. 2. Continued Therapy criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 3. References were reviewed and updated.	05/31/2021	09/14/2021
Policy was reviewed: 1. Initial Approval Criteria I.A.5.a was updated to include “Can use dexamethasone 1 mg/day in place of prednisone”. 2. Initial Approval Criteria I.A.6.a.i was updated to include “Can use dexamethasone 1 mg/day in place of methylprednisolone”. 3. Initial Approval Criteria and Continued Therapy Approval Criteria were updated to remove HIM approval duration. 4. References were reviewed and updated.	6/4/2021	09/14/2021
Policy was reviewed: 1. Initial Approval Criteria, I.A.5: Updated combination therapy criteria from For Zytiga® requests: prescribed in combination with prednisone a. Can use dexamethasone 1 mg/day in place of prednisone to For Zytiga® requests: prescribed in combination with prednisone (Can use dexamethasone 1 mg/day in place of prednisone. 2. Initial Approval Criteria, I.A.6.a.: Updated combination therapy criteria from For Yonsa® requests, both of the following (a and b):	3/16/2022	07/18/2022

a. Prescribed in combination with methylprednisolone i. Can use dexamethasone 1 mg/day in place of methylprednisolone); to For Yonsa® requests, both of the following (a and b): a. Prescribed in combination with methylprednisolone (Can use dexamethasone 1 mg/day in place of methylprednisolone); 3. References reviewed and updated.		
Policy was reviewed: 1. Initial Approval Criteria I.A.4: Updated to remove requirements for history of bilateral orchiectomy, previously filled androgen deprivation therapy (ADT) and using ADT concurrently. 2. Initial Approval Criteria I.A.4: Updated to add that Member will use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy. 3. References reviewed and updated.	04/21/2023	7/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy update: 1. Reflect 1/1 changes 2. Remove dosing, prescriber	1/1/2024	1/1/2024