

Generic Name: Bicalutamide

Therapeutic Class or Brand Name: Casodex®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 2140242000

Preferred: Bicalutamide tablets (generic)

Non-preferred: Casodex® tablets

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 9/3/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of metastatic prostate cancer.
- II. Must be used in combination therapy with a luteinizing hormone-releasing hormone (LHRH) analog [i.e. Trelstar® (triptorelin)].
- III. Minimum age requirement: 18 years old.
- IV. The prescribing physician is an oncologist or urologist.
- V. Non-preferred products (i.e. Casodex® tablets) require a documented clinical reason containing details as to why generic bicalutamide is not appropriate or is contraindicated.

EXCLUSION CRITERIA

- Female patients.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. Medi-Span®.
2. <https://www.azpicentral.com/casodex/casodex.pdf>.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.