

Generic Name: Abiraterone**Therapeutic Class or Brand Name:** Zytiga®**Applicable Drugs (if Therapeutic Class):** N/A**GPI Code:** 2140601020**Preferred:** N/A**Non-preferred:** N/A**Date of Origin:** 2/1/2013**Date Last Reviewed / Revised:** 2/6/2019

PRIOR AUTHORIZATION CRITERIA

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

1. Documented diagnosis of ONE of the following conditions:
 - A. Metastatic castration-resistant prostate cancer (mCRPC).
 - B. Metastatic high-risk castration-sensitive prostate cancer (CSPC).
2. Zytiga® will be used in combination with prednisone.
3. Minimum age requirement: 18 years old.
4. Prescriber is an oncologist or urologist.

EXCLUSION CRITERIA

- Female patients

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Metastatic castration-resistant prostate cancer (CRPC):
 - 250 mg strength: 240 tablets per 30 days.
 - 500 mg strength: 120 tablets per 30 days
- Metastatic high-risk castration-sensitive prostate cancer (CSPC):
 - 250 mg strength: 120 tablets per 30 days.
 - 500 mg strength: 60 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.zytigahcp.com/shared/product/zytiga/zytiga-prescribing-information.pdf> .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
2/6/2019	<ol style="list-style-type: none"> 1. Added indication for CSPC under Prior Authorization Criteria; changed wording in criterion I from "Documented diagnosis of Metastatic castration-resistant prostate cancer (mCRPC)." To <i>"1. Documented diagnosis of ONE of the following conditions:</i> <ol style="list-style-type: none"> A. <i>Metastatic castration-resistant prostate cancer (mCRPC).</i> B. <i>Metastatic high-risk castration-sensitive prostate cancer (CSPC)."</i> 2. Changed under Quantity/Days Supply Restrictions from <ul style="list-style-type: none"> ◦ 250 mg strength: 120 tablets per 30 days. ◦ 500 mg strength: 60 tablets per 30 days. to <ul style="list-style-type: none"> • <i>Metastatic castration-resistant prostate cancer (CRPC):</i> <ul style="list-style-type: none"> ◦ <i>250 mg strength: 240 tablets per 30 days.</i> ◦ <i>500 mg strength: 120 tablets per 30 days</i> • <i>Metastatic high-risk castration-sensitive prostate cancer (CSPC):</i> <ul style="list-style-type: none"> ◦ <i>250 mg strength: 120 tablets per 30 days.</i> ◦ <i>500 mg strength: 60 tablets per 30 days.</i> 3. Deleted obsolete URL under References item #1 http://blue.regence.com/trgmedpol/drugs/dru252.pdf.
12/13/2017	<ol style="list-style-type: none"> 1. Changed "120 tablets per 30 days" to "250 mg strength: 120 tablets per 30 days; 500 mg strength: 60 tablets per 30 days" under Quantity/Days Supply Restrictions
10/6/2016	<ol style="list-style-type: none"> 1. Updated "http://www.zytiga.com/sites/default/files/pdf/full_product_information.pdf" to "https://www.zytigahcp.com/shared/product/zytiga/zytiga-prescribing-information.pdf" under References.

4/15/2015	<ol style="list-style-type: none"> 1. Changed "Prescriber is an oncologist" to "Prescriber is an oncologist or urologist" under Prior Authorization Criteria. 2. Changed "N/A" to "Female patients" under Exclusion Criteria.
12/3/2013	<ol style="list-style-type: none"> 1. Adapted policy to new format. 2. Added GPI Code. 3. Updated references to include Medi-Span and updated website address for Zytiga package insert.

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.