

Yonsa (abiraterone acetate)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Yonsa (abiraterone acetate)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Yonsa (abiraterone acetate) may be approved if the following criteria are met:

- I. Individual is diagnosed with Metastatic castration-resistant* prostate cancer (CRPC);

AND

- II. Individual is using in combination with methylprednisolone;

AND

- III. One of the following:

- A. Individual is concomitantly receiving a gonadotropin-releasing hormone (GnRH) analog (e.g. Lupron (leuprolide, Zoladex (goserelin), Trelstar (triptorelin), Vantas (histrelin), Firmagon (degarelix); **OR**
- B. Individual has had a bilateral orchiectomy.

Requests for Yonsa (abiraterone acetate) may not be approved for the following:

- I. Individual is using the alternative agent (Zytiga (abiraterone acetate) with prednisone for CRPC.

*Castration-resistant refers to disease progression following either surgical or medically induced methods of castration. Medically induced methods of castration include luteinizing hormone-releasing hormone (LHRH) agonists (such as leuprolide and goserelin) or LHRH antagonists (such as degarelix).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 19, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 19, 2020.

a. Prostate Cancer. V1.2020. Revised March 16, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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