Clinical Policy: Abiraterone (Zytiga)

Reference Number: ERX.SPA.143
Effective Date: 03.01.14
Last Review Date: 08.18 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Abiraterone (Zytiga®) is a selective and irreversible inhibitor of enzyme CYP17.

FDA Approved Indication(s)
Zytiga is indicated in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer and metastatic high-risk castration-sensitive prostate cancer.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Zytiga is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

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

1. Diagnosis of metastatic prostate cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a, b, or c):
   a. History of bilateral orchiectomy;
   b. Previously failed androgen deprivation therapy (ADT) (*see Appendix D*);
   c. Will use ADT concurrently with Zytiga;
5. Prescribed in combination with prednisone;
6. Dose does not exceed 1,000 mg once daily, or 1,000 mg twice daily if prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, and phenobarbital).

Approval duration: Length of Benefit

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

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

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or documentation supports that member is currently receiving Zytiga for metastatic prostate cancer and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 1,000 mg once daily, or 1,000 mg twice daily if prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital).

Approval duration: Length of Benefit

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ADT: androgen deprivation therapy
CYP17: 17 α-hydroxylase/C17,20-lyase
FDA: Food and Drug Administration
LHRH: luteinizing hormone-releasing hormone

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications

- Zytiga is contraindicated for use in pregnant women. Based on animal studies and the mechanism of action, Zytiga can cause fetal harm and potential loss of pregnancy. Zytiga is not indicated for use in females.

Appendix D: General Information

- Examples of ADT include:
  - Bilateral orchiectomy (surgical castration)
  - Luteinizing hormone-releasing hormone (LHRH) given with or without an anti-androgen:
    - LHRH agonists: Zoladex® (goserelin), Vantas® (histrelin), leuprolide (Lupron Depot®, Eligard®), and Trelstar® (triptorelin)
    - Anti-androgens: bicalutamide (Casodex®), flutamide, nilutamide (Nilandron®), Xtandi® (enzalutamide), Erleada® (apalutamide)
  - LHRH antagonist: Firmagon® (degarelix)
- Zytiga + prednisone + ADT for castration-naïve metastatic (M1) prostate cancer is a category 1 recommendation supported by the NCCN Compendium.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Metastatic castration-resistant prostate cancer	1,000 mg (four 250 mg tablets or two 500 mg tablets) PO QD in combination with prednisone 5 mg PO BID	1,000 mg QD; 1,000 mg BID if taking a strong CYP3A4 inducer
Metastatic high-risk castration-sensitive prostate cancer		

VI. Product Availability

Tablets: 250 mg, 500 mg

VII. References

1. Zytiga Prescribing Information. Horsham, PA: Janssen Biotech, Inc.; March 2018. Available at: https://www.zytiga.com/. Accessed May 15, 2018.
2. Abiraterone acetate. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.NCCN.org. Accessed May 15, 2018.
3. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed May 15, 2018.
4. National Comprehensive Cancer Network. Prostate Cancer Version 02.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed May 15, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	02.14	03.14
Updated background information. Removed dose verification for hepatic toxicity from algorithm. References updated.	02.15	03.15
Policy converted to new template. Limited references to PI and NCCN guidelines; edited narrative accordingly. Added abbreviation key; deleted appendix about disease progression (criteria not clearly defined in guidelines). Deleted dose adjustment table and instructions on how to take Zytiga with food. Added max dose criteria. Removed PSA documentation request. Added age requirement. Added initial approval period of 3 months and kept 6 months for continued approval period.	08.16	09.16
Converted to new template. Clarified that castration resistant prostate cancer is evidenced by disease progression despite ADT; Updated max dose requirement to allow doses up to 1000 mg twice daily if used concomitantly with strong CYP3A4 inducers; Modified initial/continued approval duration from 3/6 months to 6/12 months, respectively. On re-auth, added clarification that Zytiga must be used in combination with prednisone as evidenced by pharmacy claims history; Added Appendix B; Updated references.	06.17	08.17
Criteria added for new FDA indication: castration-sensitive prostate cancer. Increased approval durations to length of benefit.	03.06.18	05.18
3Q 2018 annual review: no significant changes; references reviewed and updated.	05.15.18	08.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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