Clinical Policy: Abiraterone (Zytiga, Yonsa)

Reference Number: ERX.SPA.143
Effective Date: 04.01.14
Last Review Date: 02.22
Line of Business: Commercial, Medicaid

Revision Log

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

Description
Abiraterone (Zytiga®, Yonsa®) 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.

Yonsa is indicated in combination with methylprednisolone for the treatment of patients with metastatic castration-resistant 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.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Zytiga and Yonsa are **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 or urologist;
3. Age ≥ 18 years;
4. Prescribed concurrently with a gonadotropin-releasing hormone (GnRH) analog or member has had a bilateral orchiectomy;
5. For Zytiga requests: Prescribed in combination with prednisone;
6. For Yonsa requests: Prescribed in combination with methylprednisolone;
7. For brand Zytiga and brand Yonsa requests: member must use generic abiraterone, unless contraindicated or clinically significant adverse effects are experienced;
8. Request meets one of the following (a, b, or c):*
   a. Zytiga: 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);
   b. Yonsa: Dose does not exceed 500 mg per day, or 500 mg twice daily if prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, and phenobarbital);
   c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Commercial – Length of Benefit
Medicaid – 6 months

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 or Yonsa for metastatic prostate cancer and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. For brand Zytiga and brand Yonsa requests: member must use generic abiraterone, unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for a dose increase, request meets one of the following (a, b, or c):*
   a. Zytiga: 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, and phenobarbital);
   b. Yonsa: New dose does not exceed 500 mg per day, or 500 mg twice daily if prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, and phenobarbital);
   c. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Commercial – Length of Benefit
Medicaid – 12 months

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
CRPC: castration-resistant prostate cancer
CSPC: castration-sensitive prostate cancer
CYP17: 17 α-hydroxylase/C17,20-lyase
FDA: Food and Drug Administration
LHRH: luteinizing hormone-releasing hormone

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
abiraterone (Zytiga®)	1,000 mg (four 250 mg tablets) PO QD in combination with prednisone 5 mg PO BID (CRPC) or prednisone 5 mg PO QD (CSPC)	1,000 mg QD; 1,000 mg BID if taking a strong CYP3A4 inducer

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic

.Appendix C: Contraindications/Boxed Warning(s)
- Contraindication(s): pregnancy (*Yonsa only*)
- Boxed warning(s): none reported

Appendix D: General Information
- Castration-resistant prostate cancer is prostate cancer that progresses clinically, radiographically, or biochemically despite castrate levels of serum testosterone (< 50 ng/dL). Per the NCCN, androgen deprivation therapy (ADT) should be continued in the setting of CRPC while additional therapies are applied.
- Examples of ADT include:
  - Bilateral orchiectomy (surgical castration)
  - Luteinizing hormone-releasing hormone (LHRH) agonist 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), Orgovyx® (relugolix)
- Per the NCCN prostate cancer guidelines version 1.2022:
  - The fine-particle formulation of abiraterone (Yonsa) can be used instead of the standard formulation (Zytiga) [Category 2B recommendation; other recommended option].

V. Dosage and Administration

Indication	Indication	Dosing Regimen	Maximum Dose
Abiraterone (Zytiga)	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
	Castration-naïve prostate cancer	1,000 mg (four 250 mg tablets or two 500 mg tablets) PO QD in combination with prednisone 5 mg PO QD	1,000 mg QD; 1,000 mg BID if taking a strong CYP3A4 inducer
Abiraterone (Yonsa)	Castration-resistant prostate cancer	500 mg (four 125 mg tablets) PO QD in combination with methylprednisolone 4 mg PO BID	500 mg QD; 500 mg BID if taking a strong CYP3A4 inducer

VI. Product Availability

Drug Name	Availability
Abiraterone (Zytiga)	Film-coated tablet: 500 mg Uncoated tablet: 250 mg (generic available as coated and uncoated)
Abiraterone (Yonsa)	Tablet: 125 mg

VII. References

1. Zytiga Prescribing Information. Horsham, PA: Janssen Biotech, Inc.; August 2021. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/202379s035lbl.pdf. Accessed November 23, 2021.
2. Yonsa Prescribing Information. Cranbury, NU: Sun Pharmaceutical Industries, Inc.; August 2020. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/210308s001lbl.pdf. Accessed November 23, 2021.
3. Abiraterone acetate. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.NCCN.org. Accessed November 23, 2021.
4. National Comprehensive Cancer Network. Prostate Cancer Version 1.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed November 23, 2021.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
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
2Q 2019 annual review: no significant changes; added urologist as a prescriber option; references reviewed and updated.	03.05.19	05.19
RT4: added new dosage form Yonsa to the policy aligned with previously approved clinical guidance.	05.24.19	
1Q 2020 annual review: modified to require that a GnRH analog should always be prescribed concurrently with abiraterone unless member has had a bilateral orchiectomy (regardless of CRPC or CSPC) per FDA labeling and NCCN guidelines; added Medicaid line of business with 6/12 month approval durations; references reviewed and updated.	10.07.19	02.20
Added criterion for medical justification supporting inability to use generic abiraterone for brand Zytiga request.	07.23.20	
1Q 2021 annual review: no significant changes; updated *Appendix D* based on NCCN Prostate Cancer Version 02.2020; references reviewed and updated.	10.12.20	02.21
1Q 2022 annual review: no significant changes; references reviewed and updated.	11.23.21	02.22

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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