



PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology – Abiraterone Acetate Prior Authorization Policy
- Abiraterone Acetate (Zytiga® tablets – Janssen Biotech, generic)

REVIEW DATE: 12/20/2023

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Abiraterone acetate, an androgen biosynthesis inhibitor, is indicated for following uses in combination with prednisone:¹

- **Metastatic castration-resistant prostate cancer.**
- **Metastatic castration-sensitive prostate cancer, high-risk.**

Guidelines

Abiraterone acetate is addressed in National Comprehensive Cancer Network (NCCN) prostate cancer guidelines (version 4.2023 – September 7, 2023) in a variety of clinical settings:

- For initial therapy for patients in the very-high-risk group, abiraterone acetate + prednisone + external beam radiation therapy (EBRT) and 2 years of androgen deprivation therapy (ADT) if the life expectancy is > 5 years or the patient is symptomatic is recommended (category 2A).
- For initial therapy for patients classified in the regional risk group (metastases in regional nodes [N1] with no distant metastases [M0]) and with a > 5 year expected patient survival or symptomatic, preferred therapy is EBRT + ADT + abiraterone acetate + prednisone (category 2A). ADT (without EBRT) ± abiraterone + prednisone is also recommended in this setting (category 2A). Abiraterone + ADT should be considered for a total of 2 years for those patients with N1 disease who are treated with radiation to the prostate and pelvic nodes.

ADT in this setting includes orchiectomy, gonadotropin-releasing hormone (GnRH), or degarelix.

- For patients who are positive for distant metastasis (M1) and have castration-naïve disease, ADT + abiraterone + prednisone is a preferred recommendation (category 1).
- For patients with M0, prostate specific antigen (PSA) persistence or recurrence after radical prostatectomy with pelvic recurrence and life expectancy > 5 years, abiraterone + prednisone + ADT is recommended (category 2A). PSA persistence/recurrence after radical prostatectomy is defined as failure of PSA to fall to undetectable levels (PSA persistence) or undetectable PSA after radical prostatectomy with a subsequent detectable PSA that increases on 2 or more determinations (PSA recurrence) or that increases to PSA > 0.1 ng/mL.
- For patients who progress to castration-resistant prostate cancer (CRPC) and are positive for distant metastasis (M1) with no visceral metastases, abiraterone + prednisone is a preferred regimen (category 1) for patients who have not received prior novel hormone therapy (category 1). For patients who have received prior novel hormone therapy, abiraterone + prednisone is recommended (category 2A); abiraterone + dexamethasone is recommended in this setting for patients who have not received docetaxel if patients have had disease progression on either formulation of abiraterone (category 2A). For BRCA mutation-positive metastatic CRPC, abiraterone in combination with Lynparza® (olaparib tablets) or Zejula® (niraparib capsules) are both category 1 recommended therapies listed as “useful in certain circumstances” if patient had no prior docetaxel or no prior novel hormone therapy. It is a category 2A recommendation if patients had prior docetaxel and no prior novel hormone therapy. Abiraterone + Zejula is a category 2B recommendation for prior novel hormone therapy and no prior docetaxel therapy.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of abiraterone acetate. All approvals are provided for the duration noted below.

- **Abiraterone Acetate (Zytiga® tablets (Janssen Biotech, generic) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indication

- 1. Prostate Cancer – Metastatic, Castration-Resistant.** Approve for 1 year if the patient meets the following (A, B, and C):
 - A)** Patient is ≥ 18 years of age; AND
 - B)** The medication is used in combination with prednisone or dexamethasone; AND
 - C)** Patient meets ONE of the following (i, ii, or iii):
 - i.** The medication is concurrently used with a gonadotropin-releasing hormone (GnRH) agonist; OR

Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).

- ii. The medication is concurrently used with Firmagon (degarelix subcutaneous injection); OR
- iii. Patient has had a bilateral orchiectomy.

2. Prostate Cancer – Metastatic, Castration-Sensitive. Approve for 1 year if the patient meets the following (A, B, and C):

A) Patient is \geq 18 years of age; AND

B) The medication is used in combination with prednisone; AND

C) Patient meets ONE of the following (i, ii, or iii):

- i. The medication is concurrently used with a gonadotropin-releasing hormone (GnRH) agonist OR

Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).

- ii. The medication is concurrently used with Firmagon (degarelix subcutaneous injection); OR

- iii. Patient has had a bilateral orchiectomy.

Other Uses with Supportive Evidence

3. Prostate Cancer – Radical Prostatectomy. Approve for 1 year if the patient meets all of the following (A, B, C, D, and E):

A) Patient is \geq 18 years of age; AND

B) The medication is used in combination with prednisone; AND

C) Patient has prostate specific antigen (PSA) persistence or recurrence following radical prostatectomy; AND

D) Patient has pelvic recurrence; AND

E) Patient meets one of the following (i, ii, or iii):

- i. The medication is concurrently used with gonadotropin-releasing hormone (GnRH) agonist; OR

Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).

- ii. The medication is used in combination with Firmagon (degarelix subcutaneous injection); OR

- iii. Patient has had a bilateral orchiectomy.

4. Prostate Cancer – Regional Risk Group. Approve for 1 year if the patient meets all of the following (A, B, C, and D):

A) Patient is \geq 18 years of age; AND

B) The medication is used in combination with prednisone; AND

C) Patient has regional lymph node metastases and no distant metastases; AND

- D)** Patient meets one of the following (i, ii, or iii):
- i.** The medication is concurrently used with gonadotropin-releasing hormone (GnRH) agonist; OR
Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).
 - ii.** The medication is used in combination with Firmagon (degarelix subcutaneous injection); OR
 - iii.** Patient has had a bilateral orchiectomy.

5. Prostate Cancer – Very-High-Risk Group. Approve for 2 years (total) if the patient meets all of the following (A, B, C, D, and E):

- A)** Patient is ≥ 18 years of age; AND
- B)** The medication is used in combination with prednisone; AND
- C)** According to the prescriber, the patient is in the very-high-risk group; AND
Note: Very-high-risk group includes patients who have one of the following: primary Gleason pattern 5; 2 or 3 high-risk features; > 4 cores with Grade Group 4 or 5; tumor that invades seminal vesicles; tumor that is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall.
- D)** The medication is used in combination with external beam radiation therapy; AND
- E)** Patient meets one of the following (i, ii, or ii):
- i.** The medication is concurrently used with gonadotropin-releasing hormone (GnRH) agonist; OR
Note: Examples of GnRH agonists include: leuprolide injection, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).
 - ii.** The medication is used in combination with Firmagon (degarelix subcutaneous injection); OR
 - iii.** Patient has had a bilateral orchiectomy.

CONDITIONS NOT COVERED

• **Abiraterone Acetate (Zytiga® tablets (Janssen Biotech, generic) is(are) considered experimental, investigational or unproven for ANY other use(s).**

REFERENCES

1. Zytiga® tablets [prescribing information]. Horsham, PA: Janssen Biotech; August 2021.
2. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 4.2023 – September 7, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed December 17, 2023.

3. The NCCN Drugs and Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed December 17, 2023. Search term: abiraterone acetate.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<p>Prostate Cancer – Very-High-Risk Group: The requirement that the medication is used in combination with prednisone was added.</p> <p>Prostate Cancer – Radical Prostatectomy: This indication and criteria was added under other uses with supportive evidence based on NCCN guidelines.</p>	12/14/2022
Annual Revision	No criteria changes	12/20/2023

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