



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ABIRATERONE SUBMICRONIZED

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ABIRATERONE ACET, SUBMICRONIZED	YONSA	44946		GPI-10 (2140601025)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic castration-resistant prostate cancer (mCRPC) and meet **ALL** of the following criteria?
 - The requested medication will be used in combination with an oral corticosteroid (e.g., prednisone, prednisolone, methylprednisolone)
 - The patient had a trial of or contraindication to Zytiga (abiraterone acetate)

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
 - The patient had a bilateral orchiectomy
 - The patient has a castrate level of testosterone (i.e., < 50 ng/dL)
 - The requested medication will be used concurrently with a gonadotropin-releasing hormone (GnRH) analog (e.g., Lupron Depot [leuprolide], Zoladex [goserelin], Firmagon [degarelix])

If yes, continue to #3.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

3. Is the patient concomitantly using a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, phenobarbital)?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #8 per day.**

If no, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ABIRATERONE SUBMICRONIZED (Yonsa)** requires the following rule(s) be met for approval:

- A. You have metastatic castration-resistant prostate cancer (mCRPC: prostate cancer that has spread to other parts of the body and no longer responds to testosterone lowering treatment)
- B. The requested medication will be used in combination with an oral corticosteroid (such as prednisone, prednisolone, methylprednisolone)
- C. You have tried or have a contraindication to (harmful for) Zytiga (abiraterone acetate)
- D. You meet ONE of the following:
 - 1. You had a bilateral orchiectomy (both testicles have been surgically removed)
 - 2. You have a castrate level of testosterone (your blood testosterone levels are less than 50 ng/dL)
 - 3. The requested medication will be used together with a gonadotropin-releasing hormone (GnRH) analog (such as Lupron Depot [leuprolide], Zoladex [goserelin], Firmagon [degarelix])

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Yonsa.

REFERENCES

- Yonsa [Prescribing Information]. Cranbury, NJ: Sun Pharmaceuticals Industries, Inc.; March 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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