PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Oncology – Abiraterone Acetate Preferred Specialty Management Policy
- Zytiga® (abiraterone acetate tablets – Janssen, generic)

REVIEW DATE: 12/14/2022

OVERVIEW

Abiraterone acetate, an androgen biosynthesis inhibitor, is indicated for the following uses **in combination with prednisone**:[1,2]
- **Metastatic castration-resistant prostate cancer**.
- **Metastatic high-risk castration-sensitive prostate cancer**.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Oncology – Abiraterone Acetate Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product prior to the approval of the Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). If the patient meets the standard *Oncology – Abiraterone Acetate Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for the Preferred Product will be authorized. All approvals are provided for the duration noted below.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

Automation: None

Preferred Product: generic abiraterone acetate tablets
Non-Preferred Product: Zytiga

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Zytiga	**1.** Approve for 1 year if the patient meets ALL of the following (A, B, and C): **A)** Patient meets the standard *Oncology – Abiraterone Acetate Prior Authorization Policy* criteria; AND **B)** Patient has tried generic abiraterone acetate tablets; AND **C)** Patient cannot continue to use the Preferred medication due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. **2.** For a patient who has met the *Oncology – Abiraterone Acetate Prior Authorization Policy* criteria, but has not met exception criteria (1B) and/or (1C) for brand Zytiga: approve generic abiraterone acetate tablets.

REFERENCES

1. Zytiga tablets [prescribing information]. Horsham, PA: Janssen; August 2021.
2. Abiraterone acetate tablets [prescribing information]. Weston, FL: Apotex; August 2021.