Washington State Health Care Authority

Androgen Biosynthesis Inhibitors – Abiraterone

Medical policy no. 21.40.60-1 Effective Date: 8/1/2024

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Medical necessity

Drug	Medical Necessity
abiraterone (Yonsa) abiraterone (Zytiga)	**Androgen Biosynthesis Inhibitors** may be considered medically necessary in patients who meet the criteria described in the clinical policy below. If all criteria are not met, the clinical reviewer may determine there is a medically necessary need and approve on a case-by-case basis. The clinical reviewer may choose to use the reauthorization criteria when a patient has been previously established on therapy and is new to Apple Health.

Clinical policy:

Clinical Criteria	
Metastatic castration resistant prostate cancer abiraterone (Yonsa) abiraterone (Zytiga)	Abiraterone (Yonsa) or abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. Prescribed by, or in consultation with, an oncologist or urologist; **AND** 3. The patient has had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 4. Diagnosis of metastatic castration resistant prostate cancer, defined by evidence of disease progression despite therapy with a gonadotropin-releasing hormone analog (GnRH) or a bilateral orchiectomy; **AND** 5. The request is for generic abiraterone 250 mg tablets; **OR** 6. The request is for generic abiraterone 500 mg tablets; **AND** a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of

	taking fewer tablets does not meet medical necessity); **AND** 7. Abiraterone will be used in combination with a steroid consistent with FDA labeling (e.g. prednisone with Zytiga, methylprednisolone with Yonsa). If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization) Abiraterone (Yonsa) or abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. The patient has had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response [e.g., stabilization of disease, decrease in tumor size or tumor spread, lack of disease progression]; **AND** 3. The request is for generic abiraterone 250 mg tablets; **OR** 4. The request is for generic abiraterone 500 mg tablets; **AND** a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of taking fewer tablets does not meet medical necessity); **AND** 5. Abiraterone will be used in combination with a steroid consistent with FDA labeling (e.g. prednisone with Zytiga, methylprednisolone with Yonsa). If ALL criteria are met, the request will be authorized for **6 months.**
Metastatic high-risk castration sensitive or castration naïve prostate cancer abiraterone (Zytiga)	Abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. Prescribed by, or in consultation with, an oncologist or urologist; **AND** 3. The patient has had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 4. Diagnosis of metastatic castration sensitive or castration naïve prostate cancer; **AND** 5. The patient has at least TWO of the following risk factors: a. Gleason Score ≥ 7 (Grade Group > 2) b. Bone lesions c. Presence of measurable visceral metastases; **AND** 6. The request is for generic abiraterone 250 mg tablets; **OR** 7. The request is for generic abiraterone 500 mg tablets; **AND**

	a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of taking fewer tablets does not meet medical necessity); **AND** 8. If used in combination with docetaxel, the provider attests that the client has high-volume metastatic burden; **AND** 9. Abiraterone will be used in combination with prednisone. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization) Abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. The patient has either had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response [e.g., stabilization of disease, decrease in tumor size or tumor spread, lack of disease progression]; **AND** 3. The request is for generic abiraterone 250 mg tablets; **OR** 4. The request is for generic abiraterone 500 mg tablets; **AND** a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of taking fewer tablets does not meet medical necessity); **AND** 5. Abiraterone will be used in combination with prednisone. If ALL criteria are met, the request will be authorized for **6 months.**
Non-metastatic high-risk prostate cancer abiraterone (Zytiga)	Abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. Prescribed by, or in consultation with, an oncologist or urologist; **AND** 3. The patient has had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 4. Diagnosis of non-metastatic prostate cancer; **AND** 5. The patient is in the high-risk or very high-risk group defined by the following: a. The patient is node positive; **OR** b. The patient is node negative and has at least TWO of the following risk factors: i. Gleason Score ≥ 8 ii. Tumor stage T3 or T4 iii. Prostate-specific antigen (PSA) concentration ≥40 ng/mL; **OR**

	c. Experienced prostate-specific antigen (PSA) doubling time of <6 months or PSA ≥20 ng/mL on androgen deprivation therapy (e.g. GnRH analogs); **AND** 6. The request is for generic abiraterone 250 mg tablets; **OR** 7. The request is for generic abiraterone 500 mg tablets; **AND** a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of taking fewer tablets does not meet medical necessity); **AND** 8. Abiraterone will be used in combination with **ALL** of the following: a. External beam radiotherapy (EBRT), unless contraindicated b. Androgen deprivation therapy (ADT) (e.g. GnRH analogs) c. Prednisone or prednisolone. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization) Abiraterone (Zytiga) may be approved when all the following documented criteria are met: 1. The patient has either had a bilateral orchiectomy OR ongoing hormone suppression (e.g., GnRH therapy) will be used concurrently; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response [e.g., stabilization of disease, decrease in tumor size or tumor spread, lack of disease progression]; **AND** 3. The request is for generic abiraterone 250 mg tablets; **OR** 4. The request is for generic abiraterone 500 mg tablets; **AND** a. Documentation of clinical rationale why 250 mg tablets would not be an effective regimen (convenience of taking fewer tablets does not meet medical necessity); **AND** 5. Abiraterone will be used in combination with **ALL** of the following: a. External beam radiotherapy (EBRT), unless contraindicated b. Androgen deprivation therapy (ADT) (e.g. GnRH analogs) c. Prednisone or prednisolone. If ALL criteria are met, the request will be authorized for **6 months.**

Dosage and quantity limits

Drug	Indication	Approved Dose	Dosage Form and Quantity Limit

Abiraterone (Yonsa)	Metastatic castration resistant prostate cancer	500 mg once daily (in combination with methylprednisolone 4 mg orally twice daily)	• 125 mg tablets: 120 tablets per 30 days
Abiraterone (Zytiga)	Metastatic castration resistant prostate cancer	1,000 mg once daily (in combination with prednisone 5 mg twice daily)	• 250 mg tablets: 120 tablets per 30 days • 500 mg tablets: 60 tablets per 30 days
Abiraterone (Zytiga)	Metastatic high-risk castration sensitive or castration naïve prostate cancer	1,000 mg once daily (in combination with prednisone 5 mg twice daily)	• 250 mg tablets: 120 tablets per 30 days • 500 mg tablets: 60 tablets per 30 days
Abiraterone (Zytiga)	Non-metastatic high-risk prostate cancer	1,000 mg once daily (in combination with prednisolone (or prednisone) 5 mg once daily	• 250 mg tablets: 120 tablets per 30 days • 500 mg tablets: 60 tablets per 30 days

Coding:

HCPCS Code	Description
N/A	N/A

Background:

Prostate cancer is amongst the most common cancers in males worldwide. In the United States, 11 percent of males are diagnosed with prostate cancer over their lifetime, with the incidence generally rising with age. There are an estimated 288,300 cases and 34,700 deaths annually.[12] Androgen deprivation therapy (ADT) with or without an androgen receptor pathway inhibitor is a usual first-line option for males with advanced prostate cancer. Many treatment options exist and initial and further line therapy are contingent upon patient specific characteristics. These options include radiation therapy, prostatectomy, androgen deprivation pharmacotherapy, bilateral orchiectomy, chemotherapy, abiraterone (Zytiga, Yonsa), or androgen receptor inhibitors (e.g., enzalutamide (Xtandi), darolutamide (Nubeqa), apalutamide (Erleada)). Multi-modal therapy, such as abiraterone or enzalutamide with ADT, is commonly utilized; however, abiraterone and/or androgen receptor inhibitor combinations have not been evaluated for safety and efficacy to date. Continuation of ADT is commonly employed and is recommended as concomitant therapy as discontinuation of GnRH agonists are likely to result in an increase in serum testosterone and disease progression. Abiraterone acts by blocking the intracellular conversion of androgen precursors in the testes, adrenal glands, and prostate tumor tissue.

The safety and efficacy of Yonsa (abiraterone) for the treatment of metastatic castration-resistant prostate cancer (CRPC) was established in two randomized, placebo-controlled clinical studies. In study 1 (n=1195), patients with metastatic CRPC who had previously received docetaxel chemotherapy were randomized to abiraterone in combination with a different corticosteroid or placebo with a different corticosteroid. Patients continued treatment until disease progression, defined as a 25% increase in prostate-specific antigen (PSA) over baseline/nadir in addition to radiographic and symptomatic or clinical progression. After 552 deaths occurred, an interim analysis was conducted which found a significant improvement in overall survival. Comparing abiraterone vs placebo, there were 42% deaths vs 55% deaths and a median survival of 14.8 months vs 10.9 months, respectively. An updated survival analysis was conducted after 775 deaths which found 63% deaths vs 69% deaths and a median survival of 15.8 months vs 11.2 months for abiraterone vs placebo, respectively. In study 2 (n=1088), patients with metastatic CRPC who had not received prior chemotherapy were randomized to either abiraterone or placebo. Both treatment groups were given a different corticosteroid. Patients continued treatment until radiographic or clinical disease progression, unacceptable toxicity or withdrawal from study. Clinical disease progression included requiring cytotoxic chemotherapy, radiation or surgical treatment for cancer, pain requiring opioids, or Eastern Cooperative Oncology Group (ECOG) performance status decline to 3 or more. The final analysis was conducted after 741 deaths and found that for abiraterone vs placebo there were 65% deaths vs 71% deaths and a median survival of 34.7 vs 30.3 months. With safety, common adverse effects ≥10% includes fatigue, joint swelling or discomfort, edema, hot flush, diarrhea, vomiting, cough, hypertension, dyspnea, urinary tract infection and confusion. More serious adverse effects include hypokalemia, adrenocortical insufficiency, hepatotoxicity, increased risk of fractures and mortality when abiraterone is used in combination with radium Ra 223 dichloride, and severe hypoglycemia.

The safety and efficacy of Zytiga (abiraterone) for the treatment of metastatic castration-resistant prostate cancer and metastatic high-risk castration-sensitive prostate cancer (CSPC) was established in three randomized placebo-controlled studies. Two of three studies are already discussed (see Yonsa above). The third study (n=1199) included high-risk CSPC patients who were randomized to abiraterone with prednisone or placebo with prednisone. High-risk was defined as having at least 2 risk factors at baseline which includes a Gleason score ≥8, the presence of ≥3 lesions on bone scan, and evidence of measurable visceral metastases. Patients continued treatment until disease progression (radiographic or clinical), unacceptable toxicity, withdrawal from study, or death. Clinical progression was defined as the need for cytotoxic chemotherapy, radiation or surgical treatment for cancer, pain requiring chronic opioids, or ECOG performance status decline to ≥3. At the final analysis for Zytiga vs placebo, deaths were 46% vs 57% and median survival was 53.5 months vs 36.5 months. The safety of Zytiga is similar to Yonsa (see Yonsa above).

The efficacy of Zytiga for the off-label use to treat non-metastatic high-risk prostate cancer is supported from the phase III, randomized, open-label, STAMPEDE trial. 1974 participants with high-risk, non-metastatic disease were randomized to two groups which include standard of care (control group) and standard of care plus combination therapy (combination therapy group). Participants were considered high risk if they are node positive alone, if they are node negative with two factors (stage T3 or T4, Gleason Score >8, or PSA >40), or if there was disease progression on ADT (defined by a PSA ≥ 4ng/mL with a doubling time of <6 months, or PSA ≥ 20 ng/mL). Radiotherapy was required for those participants with node negative and highly encouraged for those that were node positive. A total of 99% of participants with node negative and 77% of participants with node positive disease received radiotherapy (overall 85%). The primary outcome of metastasis-free survival (MFS) was significantly longer in the combination-therapy group versus ADT alone and 6-year MFS improved from 69% in the ADT groups to 82% in the combination therapy groups (HR 0·53, 95% CI 0·44–0·64; p<0·0001).

References

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History

Approved Date	Effective Date	Version	Action and Summary of Changes
02/28/2024	08/01/2024	21.40.60-1	Approved by DUR Board -New policy created