UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Zytiga

Program	Prior Authorization
Medication	Zytiga™ (abiraterone acetate)
Issue Date	9/2013
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

Zytiga™ (abiraterone acetate) is a CPY17 inhibitor–indicated for use in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer.[1]

2. Coverage Criteria:

A. Prostate Cancer

1. Initial Authorization

a. Zytiga will be approved based on **both** of the following criteria:

(1) Diagnosis of metastatic castration-resistant or recurrent prostate cancer

-AND-

(2) Used in combination with prednisone

Authorization will be issued for 12 months.

B. Reauthorization

1. **Zytiga** will be approved based on the following criterion:

   a. Patient does not show evidence of progressive disease while on Zytiga therapy

Authorization will be issued for 12 months.

3. References:

1. Zytiga [package insert]. Horsham, PA: Janssen Biotech Inc.; April 2017.

2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed July 28, 2017.

Program	Prior Authorization - Zytiga (abiraterone acetate)
Change Control	
Date	Change
9/2013	New policy
9/2016	Updated clinical criteria to align with E&I notification policy and updated policy template.
9/2017	Annual Review with no changes to coverage criteria. Updated references.