SPECIALTY GUIDELINE MANAGEMENT

NUBEQA (darolutamide)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

- 1. Nubeqa is indicated for the treatment of adult patients with non-metastatic castration-resistant prostate cancer (nmCRPC).
- 2. Nubeqa is indicated for the treatment of adult patients with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel.

B. Compendial Use

Prostate Cancer

All other indications are considered experimental/investigational and not medically necessary.

II. EXCLUSIONS

Coverage will not be provided if the requested medication is used in combination with a second-generation oral anti-androgen (e.g., apalutamide [Erleada]) or an oral androgen metabolism inhibitor (e.g., abiraterone acetate [Zytiga]).

III. CRITERIA FOR INITIAL APPROVAL

Prostate Cancer

Authorization of 12 months may be granted when either of the following criteria are met:

- 1. The member has non-metastatic castration-resistant prostate cancer and the member has had a bilateral orchiectomy or will be using the requested medication in combination with a luteinizing hormone-releasing hormone (LHRH) agonist (e.g., goserelin, leuprolide) or antagonist (e.g., degarelix, relugolix).
- 2. The member has metastatic castration-sensitive prostate cancer and meets both of the following criteria:
 - i. The requested medication will be used in combination with docetaxel
 - ii. The member has had a bilateral orchiectomy or will be using the requested medication in combination with a LHRH agonist or antagonist.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Nubeqa 3147-A SGM P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



Reference number(s) 3147-A

V. REFERENCES

- 1. Nubeqa [package insert]. Whippany, NJ: Bayer Healthcare Pharmaceuticals Inc.; October 2023.
- 2. The NCCN Drugs & Biologics Compendium™ © 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org Accessed July 2, 2024.

Nubeqa 3147-A SGM P2024.docx

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

© 2024 CVS Caremark. All rights reserved.



This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of