

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Gender Male

Diagnoses

Patient must have **ONE** of the following:

1. Metastatic Castration-Sensitive Prostate Cancer (mCSPC)
2. Non-Metastatic Castration-Resistant Prostate Cancer (nmCRPC)

AND ONE of the following for **ALL** indications:

1. Patient is receiving gonadotropin-releasing hormone (GnRH) analog
2. Patient has had a bilateral orchiectomy

AND ALL of the following for **ALL** indications:

1. **NO** dual therapy with another androgen receptor inhibitor (see Appendix 1)
2. Prescriber agrees to advise males with female partners of reproductive potential to use effective contraception during treatment and for 3 months after the last dose of Erleada

Prior - Approval Limits

Quantity 240 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Androgen Receptor Inhibitors

Generic Name	Brand Name
abiraterone	Yonsa
abiraterone	Zytiga
abiraterone/niraparib	Akeega
apalutamide	Erleada
darolutamide	Nubeqa
enzalutamide	Xtandi
nilutamide	Nilandron