

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

**Gender** Male

### Diagnosis

Patient must have the following:

1. Metastatic prostate cancer

**AND** all of the following:

- a. Inadequate treatment response, intolerance, or contraindication to

**ONE** of the following:

- i. Generic nilutamide
- ii. Bicalutamide
- iii. Flutamide

- b. Baseline liver enzymes test with **NO** severe hepatic impairment

- c. Chest x-ray with **NO** severe respiratory insufficiency findings

- d. Used in combination with surgical castration

- e. **NO** dual therapy with another androgen receptor inhibitor (see Appendix 1)

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

**Gender** Male

### Diagnosis

Patient must have the following:

1. Metastatic prostate cancer

**AND ALL** of the following:

- a. **NO** severe respiratory insufficiency

- b. Prescriber agrees to monitor ALT and AST levels at regular intervals
- c. **NO** dual therapy with another androgen receptor inhibitor (see Appendix 1)

## **Prior – Approval *Renewal* Limits**

Same as above

### **Appendix 1 - List of Androgen Receptor Inhibitors**

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