



**NUBEQA
(darolutamide)**

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. Non-metastatic castration-resistant prostate cancer (nmCRPC)
2. Metastatic castration-sensitive prostate cancer (mCSPC)

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

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

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

1. **NO** dual therapy with another Prior Authorization (PA) androgen receptor inhibitor (see Appendix 1)
2. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Nubeqa and for 1 week after the last dose

Prior - Approval Limits

Quantity 360 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above



**BlueCross
BlueShield**

Federal Employee Program.

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Appendix 1 - List of PA Androgen Receptor Inhibitors

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