



## Pre - PA Allowance

None

---

## Prior-Approval Requirements

**Age** 18 years of age or older

**Gender** Male

### Diagnosis

Patient must have the following:

Metastatic castration resistant prostate cancer (CRPC)

**AND ALL** of the following:

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

## Prior - Approval Limits

### Quantity

Strength	Quantity
125 mg	360 tablets per 90 days

**Duration** 12 months

---

## Prior – Approval *Renewal* Requirements

Same as above

## Prior - Approval *Renewal* Limits

Same as above



**YONSA  
(abiraterone acetate)**

**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