BlueCross BlueShield Federal Employee Program

ZYTIGA
(abiraterone acetate)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Zytiga (abiraterone acetate) is indicated to treat patients with prostate cancer. Zytiga targets a protein called cytochrome P450 17A1 (CYP17A1) which helps to prevent the conversion of androgens to testosterone and reduces the potential growth of prostate cancer cells (1).

Regulatory Status

FDA-approved indications: Zytiga is a CYP17 inhibitor indicated in combination with prednisone for the treatment of patients with: (1)

- Metastatic castration-resistant prostate cancer (CRPC)
- Metastatic high-risk castration-sensitive prostate cancer (CSPC)

Zytiga is indicated in combination with Lynparza and prednisone or prednisolone for the treatment of adult patients with deleterious or suspected deleterious *BRCA*-mutated (*BRCA*m) metastatic castration-resistant prostate cancer (mCRPC) (3).

Off-Label Use: (2)

- Very-high-risk non-metastatic prostate cancer

Zytiga may cause hypertension, hypokalemia, and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition. Zytiga should be used with caution in patients with a history of cardiovascular disease. Before treatment is initiated, hypertension should be controlled, and hypokalemia should be corrected. Blood pressure, serum potassium, and symptoms of fluid retention should be monitored at least monthly. Adrenal cortical insufficiency may occur with the use of Zytiga. Adrenal insufficiency has occurred during Zytiga treatment. Caution should be used and monitor for symptoms and signs of adrenocortical insufficiency, particularly if patients are withdrawn from prednisone, have prednisone dose reductions, or experience unusual stress (1).

Zytiga may cause hepatotoxicity. Increases in liver enzymes have led to drug interruption, dose modification and/or discontinuation. Serum transaminases (ALT and AST) and bilirubin levels should be measured prior to initiation of therapy, every two weeks for the first three months of

treatment, and monthly thereafter. Elevations of AST, ALT, or bilirubin from the patient's baseline should prompt more frequent monitoring. If at any time, AST or ALT rise above five times the upper limit of normal (ULN), or the bilirubin rises above three times the ULN, Zytiga treatment should be interrupted, and liver function closely monitored (1).

Zytiga can cause fetal harm. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment and for 3 weeks after the last dose of Zytiga (1).

The safety and effectiveness of Zytiga in pediatric patients have not been established (1).

Summary

Zytiga is a CYP17 inhibitor indicated for use in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer as well as for the treatment of metastatic high-risk castration-sensitive prostate cancer. Zytiga is also used off-label to treat non-metastatic prostate cancer that is very-high-risk. Zytiga may cause hypertension, hypokalemia, and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition. Zytiga can cause fetal harm. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment and for 3 weeks after the last dose of Zytiga. The safety and effectiveness of Zytiga in pediatric patients have not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Zytiga while maintaining optimal therapeutic outcomes.

References

1. Zytiga [package insert]. Horsham, PA: Janssen Biotech, Inc; August 2021.
2. NCCN Clinical Practice Guidelines in Oncology® Prostate Cancer (Version 4.2024). National Comprehensive Cancer Network, Inc. May 2024. Accessed on October 3, 2024.
3. Lynparza [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2023.