

Specialty Guideline Management Yonsa

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Yonsa	fine-particle abiraterone acetate

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Yonsa is indicated in combination with methylprednisolone for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC).

Compendial Use

Prostate Cancer

All other indications are considered experimental/investigational and not medically necessary.

Exclusions

Coverage will not be provided if the requested medication is used in combination with a second-generation oral antiandrogen (e.g., apalutamide [Erleada]) or an oral androgen metabolism inhibitor (e.g., abiraterone acetate [Zytiga]).

Yonsa SGM 2596-A P2024_R.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Coverage Criteria

Metastatic Castration-Resistant Prostate Cancer

Authorization of 12 months may be granted for treatment of metastatic castration-resistant prostate cancer when the member has had a bilateral orchiectomy or will be using the requested medication in combination with a luteinizing hormone-releasing hormone (LHRH) agonist (e.g., goserelin, leuprolide) or antagonist (e.g., degarelix, relugolix).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

- 1. Yonsa [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; July 2022.
- 2. The NCCN Drugs & Biologics Compendium[™] © 2024 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed August 6, 2024.

Yonsa SGM 2596-A P2024_R.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.