



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIANDROGENS PA SUMMARY**

Preferred	Non-Preferred
Erleada (apalutamide) Xtandi (enzalutamide) Zytiga 250 mg (abiraterone)	Yonsa 125 mg (abiraterone) Zytiga 500 mg (abiraterone)

LENGTH OF AUTHORIZATION: 1 year

NOTE: Special consideration taken for members with stage IV advanced metastatic cancer.

PA CRITERIA:

Erleada

- ❖ Approvable for members with a diagnosis of non-metastatic castration-resistant prostate cancer (NM-CRPC) who are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy (removal of both testicles).

Xtandi

- ❖ Approvable for members with a diagnosis of castration-resistant prostate cancer (CRPC) who are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy (removal of both testicles).

Yonsa

- ❖ Approvable for members with a diagnosis of metastatic castration-resistant prostate cancer (CRPC) when used in combination with methylprednisolone who are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy (removal of both testicles).
- ❖ In addition, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Zytiga 250 mg, is not appropriate for the member.

Zytiga

- ❖ Approvable for members with a diagnosis of metastatic castration-resistant prostate cancer (CRPC) when used in combination with prednisone.
- ❖ Approvable for members with a diagnosis of metastatic castration-sensitive prostate cancer (CSPC) when used in combination with prednisone and the member is at high-risk as defined by having at least two of the following three risk factors at baseline:
 - a total Gleason score of ≥ 8
 - presence of ≥ 3 lesions on bone scan
 - evidence of measurable visceral metastases.
- ❖ Members must also be receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or have had a bilateral orchiectomy (removal of both testicles).
- ❖ In addition, for the 500 mg strength prescriber must submit a written letter of medical necessity stating the reasons the preferred strength, Zytiga 250 mg, is not appropriate for the member.



EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.