Antiandrogens/ Androgen Blockers



Included Products: Erleada (apalutamide), Nubeqa (darolutamide), Xtandi (enzalutamide), Yonsa (abiraterone acetate micronized)

Created: 03/12/2020 Revised: 07/08/2021 Reviewed: 07/08/2021 Updated: 09/23/2021

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by an oncologist as androgen deprivation therapy (ADT) for prostate cancer?	Continue to #2.	Do not approve.
2.	Is abiraterone acetate (Zytiga) supported by clinical guidelines in the clinical scenario?	Continue to #3.	Continue to #6.
3.	Has abiraterone acetate been failed, or is there a clinical reason it cannot be tried?	Continue to #4.	Do not approve.
4.	Is the treatment supported for the diagnosis in the NCCN guidelines or approved by the FDA for this diagnosis?	Continue to #5.	Do not approve.
5.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #6.	Do not approve.
6.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		