



# Preferred Specialty Management Oncology – Abiraterone Acetate

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## Product Identifier(s)

65618, 65619

### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

## National Formulary Medical Necessity

### Drug Affected

- Zytiga® (abiraterone acetate tablets, generic)

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the individual is required to meet the *Oncology – Abiraterone Acetate (Zytiga) Prior Authorization Policy* criteria. The program also directs the individual to try the Preferred Product prior to the approval of the Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the individual meets the *Oncology – Abiraterone Acetate (Zytiga) Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. All approvals are provided for the duration noted below.

**Documentation:** Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

**Preferred Product(s):** generic abiraterone acetate tablets

**Non-Preferred Product(s):** Zytiga

**Cigna covers Non-Preferred Products as medically necessary when the following criteria are met:**

Non-Preferred Product	Exception Criteria
Zytiga	<ol style="list-style-type: none"><li>Approve for 1 year if the individual meets ALL of the following (A, B, and C):<ol style="list-style-type: none"><li>Individual meets the standard <i>Oncology – Abiraterone Acetate Prior Authorization Policy</i> criteria; AND</li><li>Individual has tried generic abiraterone acetate tablets; AND</li><li>Individual cannot continue to use the Preferred medication due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] which, per the prescriber, would result in a significant allergy or serious adverse reaction. <b>[documentation required]</b>.</li></ol></li><li>For an individual who has met the <i>Oncology – Abiraterone Acetate Prior Authorization Policy</i> criteria, but has not met exception criteria (1B) and/or (1C) for brand Zytiga: approve generic abiraterone acetate tablets.</li></ol>

## Conditions Not Covered

Any other exception is considered not medically necessary.

## Background

### Overview

Abiraterone acetate, an androgen biosynthesis inhibitor, is indicated for following uses **in combination with prednisone**.<sup>1,2</sup>

- **Metastatic castration-resistant prostate cancer.**
- **Metastatic high-risk castration-sensitive prostate cancer.**

## References

1. Zytiga tablets [prescribing information]. Horsham, PA: Janssen.; August 2021.
2. Abiraterone acetate tablets [prescribing information]. Weston, FL: Apotex.; August 2021.

## Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	No criteria changes. The name of the policy was changed from “Oncology – Abiraterone Acetate (Zytiga) Preferred Specialty Policy” to “Oncology – Abiraterone Acetate Preferred Specialty Policy.”	01/12/2022

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