



## MEDICATION POLICY

**Generic Name:** Bicalutamide

**Therapeutic Class or Brand Name:** Casodex®

**Applicable Drugs** (if Therapeutic Class):

Preferred: Bicalutamide tablets (generic)

Non-Preferred: Casodex® tablets

**Date of Origin:** 2/1/13

**Date Last Reviewed/Revised:** 10/6/16

**GPI Code:** 2140242000

### Prior Authorization Criteria (may be considered medically necessary when criteria I through V are met):

- I. Documented diagnosis of metastatic prostate cancer.
- II. Must be used in combination therapy with a luteinizing hormone-releasing hormone (LHRH) analog [i.e. Trelstar® (triptorelin)].
- III. Minimum age requirement: 18 years old.
- IV. The prescribing physician is an oncologist or urologist.
- V. Non-preferred products (i.e. Casodex® tablets) require a documented clinical reason containing details as to why generic bicalutamide is not appropriate or is contraindicated.

### Exclusion Criteria:

- Female patients.

### Other Criteria:

- N/A

### Quantity/Days Supply Restrictions:

- 30 tablets per 30 days.

### Approval Length:

- **Authorization:** 1 year.

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- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

### Appendix:

N/A

### References:

1. [https://www.optumrx.com/rxsol/live/PAGDocs/Guideline\\_7282.pdf](https://www.optumrx.com/rxsol/live/PAGDocs/Guideline_7282.pdf).
2. [Medi-Span](#).
3. <http://www1.astrazeneca-us.com/pi/casodex.pdf>.

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<b>Historical Tracking Of Changes Made To Policy</b>	
10/6/2016	<ol style="list-style-type: none"><li>1. <b>Changed</b> “N/A” to “Preferred: Bicalutamide tablets (generic); Non-Preferred: Casodex® tablets” <b>following Applicable Drugs.</b></li><li>2. <b>Added</b> “V. Non-preferred products (i.e. Casodex® tablets) require a documented clinical reason containing details as to why generic bicalutamide is not appropriate or is contraindicated” <b>under Prior Authorization Criteria.</b></li><li>3. <b>Removed</b> “<a href="http://www.citizenschoicehealth.com/open_file.ashx?id=510&amp;v=2014100300">http://www.citizenschoicehealth.com/open_file.ashx?id=510&amp;v=2014100300</a>” <b>from References</b> (link no longer valid).</li></ol>
4/15/2015	<ol style="list-style-type: none"><li>1. <b>Updated</b> “<a href="http://citizenschoicehealth.com/open_file.ashx?c=fp&amp;t=pac&amp;l=en">http://citizenschoicehealth.com/open_file.ashx?c=fp&amp;t=pac&amp;l=en</a>” <b>to</b> “<a href="http://www.citizenschoicehealth.com/open_file.ashx?id=510&amp;v=2014100300">http://www.citizenschoicehealth.com/open_file.ashx?id=510&amp;v=2014100300</a>” <b>under References.</b></li></ol>
2/11/2014	<ol style="list-style-type: none"><li>1. <b>Adapted policy to new format.</b></li><li>2. <b>Added GPI Code.</b></li><li>3. <b>Changed</b> “Must be used in combination therapy with luteinizing hormone-releasing hormone (LHRH) analog (i.e. leuprolide (Lupron) or goserelin (Zoladex))” <b>to</b> “Must be used in combination therapy with a luteinizing hormone-releasing hormone (LHRH) analog [i.e. Trelstar® (triptorelin)]” <b>under Prior Authorization Criteria.</b></li><li>4. <b>Changed</b> “Prescriber is an oncologist or a urologist” <b>to</b> “The prescribing physician is an oncologist or urologist” <b>under Prior Authorization Criteria.</b></li><li>5. <b>Added</b> “Female patients” <b>to Exclusion Criteria.</b></li><li>6. <b>Updated references</b> to include Medi-Span.</li></ol>

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