



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: 12/19/17

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.

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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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. Medi-Span.
2. <https://www.azpicentral.com/casodex/casodex.pdf>.

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Historical Tracking Of Changes Made To Policy	
12/19/2017	<ol style="list-style-type: none"> 1. Removed “https://www.optumrx.com/rxsol/live/PAGDocs/Guideline_7282.pdf” from References (link no longer valid). 2. Updated “http://www1.astrazeneca-us.com/pi/casodex.pdf” to “https://www.azpicentral.com/casodex/casodex.pdf” under References.
10/6/2016	<ol style="list-style-type: none"> 1. Changed “N/A” to “Preferred: Bicalutamide tablets (generic); Non-Preferred: Casodex® tablets” following Applicable Drugs. 2. Added “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” under Prior Authorization Criteria. 3. Removed “http://www.citizenschoicehealth.com/open_file.ashx?id=510&v=2014100300” from References (link no longer valid).
4/15/2015	<ol style="list-style-type: none"> 1. Updated “http://citizenschoicehealth.com/open_file.ashx?c=fp&t=pac&l=en” to “http://www.citizenschoicehealth.com/open_file.ashx?id=510&v=2014100300” under References.
2/11/2014	<ol style="list-style-type: none"> 1. Adapted policy to new format. 2. Added GPI Code. 3. Changed “Must be used in combination therapy with luteinizing hormone-releasing hormone (LHRH) analog (i.e. leuprolide (Lupron) or goserelin (Zoladex))” to “Must be used in combination therapy with a luteinizing hormone-releasing hormone (LHRH) analog [i.e. Trelstar® (triptorelin)]” under Prior Authorization Criteria. 4. Changed “Prescriber is an oncologist or a urologist” to “The prescribing physician is an oncologist or urologist” under Prior Authorization Criteria. 5. Added “Female patients” to Exclusion Criteria. 6. Updated references to include Medi-Span.

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