



## MEDICATION POLICY

**Generic Name:** Enzalutamide

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

**Applicable Drugs (if Therapeutic Class):** N/A

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

**Date Last Reviewed/Revised:** 12/13/17

**GPI Code:** 2140243000

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

- I. Documented diagnosis of metastatic castration-resistant prostate cancer (mCRPC).
- II. Prior treatment with abiraterone (Zytiga®) has been ineffective, contraindicated, or not tolerated.
- III. Minimum age requirement: 18 years old.
- IV. Prescriber is an oncologist or urologist.

### **Exclusion Criteria:**

- Female patients.

### **Other Criteria:**

- N/A

### **Quantity/Days Supply Restrictions:**

- 120 capsules per 30 days.

### **Approval Length:**

- **Authorization:** 1 year.
- **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. <http://blue.regence.com/trgmedpol/drugs/dru280.pdf>.

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*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.*



## MEDICATION POLICY

2. Medi-Span.
3. <http://www.astellas.us/docs/us/12A005-ENZ-WPI.pdf>.

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<b><i>Historical Tracking Of Changes Made To Policy</i></b>	
12/13/2017	1. Policy reviewed: no changes made.
10/6/2016	1. Policy reviewed: no changes made.
4/15/2015	1. <b>Removed</b> “Prior treatment with taxane chemotherapy (i.e. docetaxel, cabazitaxel) has been ineffective, contraindicated, or not tolerated” <b>under Prior Authorization Criteria.</b> 2. <b>Changed</b> “Prescriber is an oncologist” to “Prescriber is an oncologist or urologist” <b>under Prior Authorization Criteria.</b> 3. <b>Changed</b> “N/A” to “Female patients” <b>under Exclusion Criteria.</b>
12/4/2013	1. <b>Adapted policy to new format.</b> 2. <b>Added GPI Code.</b> 3. <b>Updated references</b> to include Medi-Span.

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