

Yonsa® (abiraterone acetate)



Pharmacy Coverage Policy

Effective Date: January 01, 2020

Revision Date: March 23, 2022

Review Date: March 16, 2022

Line of Business: Medicare, Commercial

Policy Type: Prior Authorization

Page: 1 of 4

For the Humana Medicaid line of business, the following state applies: South Carolina. For other state-managed Medicaid plans, please refer to the state's Medicaid pharmacy site for pharmacy coverage policies.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

Disclaimer	Background
Description	Medical Terms
Coverage Determination	References

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.hhs.gov/>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without permission from Humana.

Description

Yonsa (abiraterone acetate) is an androgen biosynthesis inhibitor that inhibits 17 α-hydroxylase/C17, 20-lyase (CYP17). This enzyme is expressed in testicular, adrenal, and prostatic tumor tissues and is required for androgen biosynthesis. Inhibition of CYP17 by Yonsa (abiraterone acetate) can also result in increased mineralocorticoid production by the adrenals. Androgen sensitive prostatic carcinoma responds to treatment that decreases androgen levels. Androgen deprivation therapies, such as treatment with GnRH agonists or orchiectomy, decrease androgen production in the testes but do not affect androgen production by the adrenals or in the tumor.

Yonsa (abiraterone acetate) in combination with methylprednisolone is indicated for the treatment of patients with metastatic castration-resistant prostate cancer.

Abiraterone acetate is available as Yonsa in 125 mg tablets.

Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those

Yonsa® (abiraterone acetate)

Effective Date: 1/1/2020

Revision Date: 3/23/2022

Review Date: 3/16/2022

Line of Business: Medicare, Commercial

Policy Type: Prior Authorization

Page: 2 of 4

For the Humana Medicaid line of business, the following state applies: South Carolina. For other state-managed Medicaid plans, please refer to the state's Medicaid pharmacy site for pharmacy coverage policies.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- American Hospital Formulary Service-Drug Information (AHFS-DI)
- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- Truven Health Analytics Micromedex DrugDEX
- Elsevier/Gold Standard Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

Yonsa (abiraterone acetate) will require prior authorization. This agent may be considered medically necessary when the following criteria are met:

Prostate Cancer (mCRPC)

- The member has a diagnosis of metastatic (stage IV) castration-resistant prostate cancer (CRPC) **AND**
- The member will be using Yonsa (abiraterone acetate) in combination with methylprednisolone **AND**
- The member has an intolerance to or has had prior therapy with generic abiraterone acetate **AND** Xtandi (enzalutamide)

Yonsa (abiraterone acetate) will be approved in six month durations or as determined through clinical review.

Yonsa® (abiraterone acetate)

Effective Date: 1/1/2020

Revision Date: 3/23/2022

Review Date: 3/16/2022

Line of Business: Medicare, Commercial

Policy Type: Prior Authorization

Page: 3 of 4

For the Humana Medicaid line of business, the following state applies: South Carolina. For other state-managed Medicaid plans, please refer to the state's Medicaid pharmacy site for pharmacy coverage policies.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

Coverage Limitations

Yonsa (abiraterone acetate) therapy is not considered medically necessary for members with the following concomitant conditions:

- Members that have experienced disease progression while on Yonsa (abiraterone acetate)
- Concomitant use with Erleada (apalutamide), Xtandi (enzalutamide), abiraterone acetate, Provenge (sipuleucel-T), Taxotere (docetaxel), or Jevtana (cabazitaxel) is not recommended at this time due to lack of evidence supporting safety and efficacy
- Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

Background

This is a prior authorization policy about Yonsa (abiraterone acetate).

Please refer to the Prescribing Information for further detail on dose modifications.

To avoid medication errors and overdose, be aware that Yonsa tablets may have different dosing and food effects than other abiraterone acetate products.

The Child-Pugh score is a measure of hepatic impairment severity. The components of this score are: Hepatic encephalopathy, ascites, INR, serum albumin and total bilirubin. A calculator can be found at the following website link –

<http://www.hepatitisc.uw.edu/page/clinical-calculators/ctp>.

Yonsa (abiraterone acetate) is a substrate of CYP3A4. Avoid or use with caution, strong inhibitors and inducers of CYP3A4 during Yonsa (abiraterone acetate) treatment.

Provider Claims Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

See the **DISCLAIMER**. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Yonsa® (abiraterone acetate)

Effective Date: 1/1/2020

Revision Date: 3/23/2022

Review Date: 3/16/2022

Line of Business: Medicare, Commercial

Policy Type: Prior Authorization

Page: 4 of 4

For the Humana Medicaid line of business, the following state applies: South Carolina. For other state-managed Medicaid plans, please refer to the state's Medicaid pharmacy site for pharmacy coverage policies.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

Medical Terms Yonsa; abiraterone acetate; prostate cancer; pharmacy

References Clinical Pharmacology [online database]. Tampa, FL: Gold Standard, Inc. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.

Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically.

NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.

Yonsa (abiraterone acetate) package insert. Cranbury, NJ: Sun Pharma; March 2021.

See the **DISCLAIMER**. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.