VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Yonsa Prior Authorization Policy
- Yonsa® (abiraterone acetate tablets – Sun Pharmaceutical Industries)

REVIEW DATE: 07/21/2021

OVERVIEW

Yonsa, an androgen biosynthesis inhibitor, is indicated in combination with methylprednisolone for the treatment of patients with **metastatic castration-resistant prostate cancer (CRPC)**.

Guidelines

The National Comprehensive Cancer Network guidelines on prostate cancer (version 2.2021 – February 17, 2021) recommend Yonsa for the following uses:[2]

- At initial diagnosis, for patients classified in the regional risk group (metastases in regional nodes [N1] with no distant metastases [M0]) and with a > 5 year expected patient survival, external beam radiation therapy (EBRT) + androgen deprivation therapy (ADT) [category 1] + Zytiga® (abiraterone acetate tablets) and prednisone (category 2A) or Yonsa and methylprednisolone (category 2B) are recommended options. ADT (without EBRT) ± Zytiga and prednisone is a category 2A recommended option in this setting; ADT + Yonsa and methylprednisolone is a category 2B recommendation.
- If patients are positive for distant metastasis (M1) and have castration-naïve disease, ADT + Zytiga and prednisone and ADT + docetaxel are both category 1 recommended options. ADT + Yonsa and methylprednisolone is a category 2B recommendation in this setting.
- For patients who progress to CRPC and are positive for distant metastasis, M1 and there are no visceral metastases, Zytiga and prednisone, docetaxel, Xtandi® (enzalutamide capsules and tablets), and Xofigo® (radium Ra 223 dichloride injection for intravenous use) [for symptomatic bone metastases] are all category 1 recommended options. Yonsa + methylprednisolone is a category 2A recommendation for metastatic CRPC either as first-line or a subsequent therapy option.
- If there are visceral metastases, Xtandi and docetaxel are category 1 recommended options. Zytiga and prednisone, Yonsa and methylprednisolone are category 2A recommendations for first-line or second-line treatment after Xtandi. If docetaxel was used previously, Zytiga and prednisone is a category 1 recommendation; Yonsa and methylprednisolone is a category 2A recommendation.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Yonsa. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Yonsa is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Prostate Cancer – Metastatic, Castration-Resistant.** Approve for 3 years if the patient meets the following criteria (A and B):
   - **A)** The medication is used in combination with methylprednisolone; AND
   - **B)** Patient meets ONE of the following criteria (i or ii):
     - **i.** The medication is concurrently used with a gonadotropin-releasing hormone analog; OR
       Note: Examples are Lupron (leuprolide for injection), Lupron Depot (leuprolide acetate for depot suspension), Trelstar (triptorelin pamoate for injectable suspension), Zoladex (goserelin acetate implant), Vantas (histrelin acetate subcutaneous implant), Firmagon (degarelix for injection), Orgovyx (relugolix tablets).
     - **ii.** Patient has had a bilateral orchiectomy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Yonsa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Yonsa® tablets [prescribing information]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; June 2021.
2. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 2.2021 – February 17, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 15, 2021.