ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Initial Request** ☐ **Renewal** ☐ **Appeal/Redetermination**[1]

☐ **Urgent**[2] ☐ **Non-Urgent**

Requested Drug Name: Xtandi® (enzalutamide) – Medicare Part D

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit:

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Xtandi® (enzalutamide)

Diagnosis (documentation supportive of diagnosis is required)

☐ Metastatic castration-resistant prostate cancer

☐ Other (please state):_____

Clinical Consideration (for approval, please indicate and provide documentation of the following):

☐ Patient does not have a history of seizure, is not taking medicines known to decrease the seizure threshold, or does not have other risk factors for seizures (0.9% of patients who received Xtandi in the AFFIRM trial experienced a seizure)

Physician Specialty

☐ Oncologist
☐ Urologist
☐ Other (please state): _____

☐ For use in clinical trial? (If yes, provide trial name and registration number):

Drug Name (Brand Name and Scientific Name)/Strength:

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	
Product will be delivered to: ☐ Patient's Home ☐ Physician Office		Other:
Prescriber or Authorized Signature:		Date:
Dispensing Pharmacy Name and Phone Number:		

☐ **Approved** ☐ **Denied**

If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:

1. Appeal/redetermination requests can be made for this medication within 60 calendar days from the date on the faxed/written denial notice you received at the time of the original request.

2. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Xtandi® (enzalutamide)

CLASSIFICATION

- Antineoplastic Agent
- Androgen Receptor Inhibitor

DESCRIPTION

- Androgen receptor inhibitor indicated for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC)
- Xtandi acts on different steps in the androgen receptor (AR) signaling pathway; shown to competitively inhibit androgen binding to androgen receptors and inhibit androgen receptor nuclear translocation and interaction with DNA.
- The major active metabolite of enzalutamide is N-desmethyl enzalutamide. The active metabolite has similar activity to enzalutamide.
- Enzalutamide differs from bicalutamide in that it targets the androgen-AR signaling pathway by binding the AR itself and preventing nuclear translocation and coactivator recruitment of the ligand-receptor complex. Other AR antagonists, such as bicalutamide, exhibit some degree of AR agonism, whereas, enzalutamide is a pure antagonist with no agonistic activity.
- In the AFFIRM trial, an international, phase 3, randomized, double-blind, placebo-controlled trial (n=1199) of men with metastatic castration-resistant prostate cancer after chemotherapy that included docetaxel, enzalutamide significantly increased overall survival (OS) compared with placebo. Men with metastatic prostate cancer, castrate levels of testosterone, progressive disease, and previous treatment with docetaxel were randomized to enzalutamide 160 mg (n=800) or placebo (n=399) orally once daily with or without food. All patients continued androgen deprivation therapy. Prednisone or other glucocorticoid therapy was allowed, but not required. The study was discontinued after a planned interim analysis of 520 deaths. With a median follow-up of 14.4 months, enzalutamide significantly improved overall survival (18.4 vs. 13.6 months; $p<0.0001$), FACT-P quality-of-life response (43% vs. 18%), PSA response rate (54% vs. 2%), and soft-tissue response rate (29% vs. 4%) compared with placebo. After the study drug was discontinued, systemic chemotherapy was administered to 61% of patients in the enzalutamide group (abiraterone, 21%; cabazitaxel 10%) and 42% of patients in the placebo group (abiraterone, 24%; cabazitaxel, 10%).
- The PREVAIL trial, a multinational, double-blind, randomized, placebo-controlled, phase 3 trial (n=1717) was conducted in patients with chemotherapy-naïve metastatic CRPC. Patients with a history of seizure or a condition with a predisposition to seizure were excluded; however, unlike the AFFIRM trial, medications associated with lowering the seizure threshold were permitted. XTANDI plus GnRH therapy significantly reduced the risk of radiographic progression or death by 83% (HR=0.17; $p < 0.0001$), and significantly reduced the risk of death by 29% (HR=0.71; $p < 0.0001$) compared to placebo and GnRH therapy. When compared to placebo, treatment with XTANDI also delayed time to initiation of chemotherapy.
- The most common adverse events ($\geq$10%) in Xtandi-treated patients reported from the two combined clinical trials included asthenia/fatigue, back pain, decreased appetite, constipation/diarrhea, arthralgia, hot flush, URTI, peripheral edema, dyspnea, musculoskeletal pain, weight decrease, headache, hypertension, and dizziness/vertigo.

FORMULARY COVERAGE

Prior authorization:	Required
Good Health Formulary:	Tier 3
Commercial Formulary:	Tier 3
Medicare Part D coverage:	Tier 5

COVERAGE CRITERIA

Xtandi® (enzalutamide) meets the definition of **medical necessity** for all FDA-approved indications, not otherwise excluded from Part D, including the following::

- Metastatic castration-resistant prostate cancer

Xtandi® (enzalutamide) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported.

Required Provider Specialty:

- Approval is limited to Oncologists or Urologists

DOSAGE/ADMINISTRATION

Adult Dosing (safety and efficacy has not been determined for pediatric patients less than 18 years):

- Metastatic castration-resistant prostate cancer:
  - 160mg (four 40mg capsules) orally once daily with or without food
  - Swallow capsule whole. Do not chew, dissolve, or open capsule

PRECAUTIONS

- Contraindications:
  - Pregnancy; sexual activity with a pregnant women, or women with childbearing potential; patient must use a condom plus an additional form of reliable contraception during therapy and for 3 months following treatment discontinuation.
- Precautions:
  - Avoid use with concomitant strong CYP2C8 inhibitors (e.g. gemfibrozil); dosage adjustment recommended if alternative therapies unavailable.
  - Avoid use with concomitant strong or moderate CYP2C8 inducers (e.g. rifampin).
  - Avoid use with concomitant strong CYP3A4 inducers (e.g. carbamazepine, phenytoin, phenobarbital, rifabutin, rifampin, rifapentine) or moderate CYP3A4 inducers (e.g. bosentan, efavirenz, etravirine, modafinil, nafcillin), including St. John's Wort.
  - Avoid use with concurrent CYP3A4 substrates (e.g. alfentanil, cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus), CYP2C9 substrates (e.g. phenytoin, warfarin), or CYP2C19 substrates (e.g. S-mephenytoin) that have a narrow therapeutic index. If warfarin is required, monitoring is needed.
  - Seizures have been reported and required discontinuation of therapy in clinical trials; increased risk may exist in patients with predisposing factors.

Billing/Coding information

HCPCS Coding:

C 9399	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)
J 8999	Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

COST

- AWP (November 2012): Xtandi 40mg orally (120): $8,940
- AWP (September 2013): Xtandi 40mg orally (120): $9,468
- AWP (April 2015): Xtandi 40mg orally (120): $10,617.60

COMMITTEE APPROVAL

- January 2013

GUIDELINE UPDATE INFORMATION

November 2012	Prior Authorization and Coverage Policy created
December 2014	Expanded indication; Coverage Policy updated
May 2015	Coverage policy reviewed; AWP updated

REFERENCES

- DRUGDEX®, accessed 11/4/2012, 5/6/2014, 12/8/14, 5/27/15
- Product Information: Xtandi® (enzalutamide) capsule for oral use. Astellas Pharma US, Inc., Northbrook, IL, September 2014.
- Scher H, Fizazi K, Saad F, et al. Increased Survival with Enzalutamide in Prostate Cancer after Chemotherapy. N Engl J Med 2012.
- Schweizer MT, Aantonarakis ES. Abiraterone and other novel androgen-directed strategies for the treatment of prostate cancer: a new era of hormonal therapies is born. Ther Adv Urol (2012) 4(4) 167-178.