



Government Health Plan (GHP) of Puerto Rico

## Authorization Criteria – Abiraterone (Zytiga®) Managed by MCO

### Section I. Prior Authorization Criteria

- A. Prescriber restriction: Oncologist
- B. Physician must document the diagnosis on the prescription:
  1. In combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer. (ICD-10-CM C61X).
- C. Required Medical Information:
  1. Documentation of metastatic castration-resistant prostate cancer and,
  2. Documentation of concurrent use with prednisone and,
  3. Patient has previous use of Docetaxel.
- D. Other Criteria:
  1. Follow Package insert instructions for dose administration.

### Section II. References

1. ZYTIGA(R) oral tablets, abiraterone acetate oral tablets. Janssen Biotech, Inc. (per FDA), Horsham, PA, 2016.

### Section III. Review Log

Approved:	June 29, 2017
Revised:	

GPI	GPI NAME
21406010200320	Abiraterone Acetate Tab 250 MG
21406010200330	Abiraterone Acetate Tab 500 MG