

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Enzalutamide (Xtandi)

Notes:

- Quantity limits: Yes

Initiation (new start) criteria: Formulary enzalutamide (Xtandi) will be covered on the prescription drug benefit when the following criteria are met:

- **Patient has diagnosis of either metastatic castrate-resistant OR metastatic hormone-sensitive prostate cancer AND meets at least 1 of the following:**
 1. Adequate trial of abiraterone (Zytiga) with either documented disease progression or toxicity
 2. Relative contraindication to abiraterone (Zytiga) as defined as:
 - Type 2 diabetes mellitus with an A1C > 7% OR patient is on insulin
 - Severe liver disease (Child-Pugh Class C)
 - Other cardiovascular risk clearly documented by oncologist (e.g., heart failure with left-ventricular ejection fraction <50%; recent myocardial infarction, or ventricular arrhythmia)

-OR-

- **Patient has diagnosis of non-metastatic castrate resistant prostate cancer and meets the following criteria:**
 1. Will be used concurrently with a gonadotropin releasing hormone (GNRH) analog (e.g. leuprolide, degarelix) **-AND-**
 2. Prostate Specific Antigen (PSA) doubling time is less than or equal to 10 months with GNRH analog

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Revised: 05/13/21
Effective: 07/15/21

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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Criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Formulary enzalutamide (Xtandi) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of prostate cancer **-AND-**
- Patient is stable on medication

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