

ONCOLOGY STEP REGULATION PRIOR AUTHORIZATION GUIDELINES

Administered by

Mediimpact



**ONCOLOGY STEP REGULATION
PRIOR AUTHORIZATION GUIDELINES**

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

ABIRATERONE SUBMICRONIZED

Generic	Brand				
ABIRATERONE ACET, SUBMICRONIZED	YONSA				

GUIDELINES FOR USE

Our guideline named **ABIRATERONE SUBMICRONIZED (Yonsa)** requires the following rule(s) be met for approval:

- A. You have metastatic castration-resistant prostate cancer (mCRPC: prostate cancer that has spread to other parts of the body and longer responds to testosterone lowering treatment)
- B. The requested medication will be used in combination with an oral corticosteroid (such as prednisone, prednisolone, methylprednisolone)
- C. You meet ONE of the following:
 - 1. You received a bilateral orchiectomy (both testicles have been surgically removed)
 - 2. You have a castrate level of testosterone (your blood testosterone levels are less than 50 ng/dL)
 - 3. The requested medication will be used together with a gonadotropin-releasing hormone (GnRH) analog (such as Lupron Depot [leuprolide], Zoladex [goserelin], Firmagon [degarelix])

Effective: 08/01/23



**ONCOLOGY STEP REGULATION
PRIOR AUTHORIZATION GUIDELINES**

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

LORLATINIB

Generic	Brand				
LORLATINIB	LORBRENA				

GUIDELINES FOR USE

Our guideline named **LORLATINIB (Lorbrena)** requires the following rule(s) be met for approval:

- A. You have metastatic non-small cell lung cancer (NSCLC: type of lung cancer that has spread to other parts of the body)
- B. You are 18 years of age or older
- C. Your tumors are anaplastic lymphoma kinase (ALK: a type of enzyme)-positive, as detected by a Food and Drug Administration (FDA)-approved test

Effective: 04/01/26



**ONCOLOGY STEP REGULATION
PRIOR AUTHORIZATION GUIDELINES**

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

INDEX

	LORLATINIB	3
A		
ABIRATERONE ACET,SUBMICRONIZED		2
L		
LORBRENA		3
	Y	
	YONSA	2