ONCOLOGY STEP REGULATION PRIOR AUTHORIZATION GUIDELINES

Administered by

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

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DENOSUMAB-XGEVA

Generic	Brand				
DENOSUMAB	XGEVA				

GUIDELINES FOR USE

Our guideline named **DENOSUMAB-XGEVA** requires the following rule(s) be met for approval:

A. You have ONE of the following:
   1. Multiple myeloma (a type of blood cancer)
   2. Bone metastases from a solid tumor (tumor has spread to the bone)
   3. Giant cell tumor of bone (noncancerous tumor)
   4. Hypercalcemia (high level of calcium in the blood) of malignancy (cancer)

B. **If you have multiple myeloma or bone metastases from a solid tumor, approval also requires:**
   1. Xgeva will be used to prevent skeletal-related events (such as bone fractures, bone pain requiring radiation [a type of treatment])

C. **If you have giant cell tumor of bone, approval also requires:**
   1. Your tumor is unresectable (unable to remove by surgery) or surgical resection (removal) is likely to result in severe morbidity (illness)

D. **If you have hypercalcemia of malignancy, approval also requires:**
   1. You are refractory (disease did not respond to treatment) to a prior bisphosphonate therapy (such as Fosamax [alendronate], Actonel [risedronate], Boniva [ibandronate])

Effective: 04/10/26

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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

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PALBOCICLIB

Generic	Brand				
PALBOCICLIB	IBRANCE				

GUIDELINES FOR USE

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

A. You have breast cancer
B. Your cancer is hormone receptor (HR: a type of protein)-positive, human epidermal growth factor receptor 2 (HER2: a type of protein)-negative
C. **If you are using Ibrance in combination with an aromatase inhibitor (such as anastrozole, letrozole, exemestane) as initial endocrine (hormone)-based therapy, approval also requires:**
    1. Your cancer is advanced or metastatic (cancer that has progressed or has spread to other parts of the body)
D. **If you are using Ibrance in combination with fulvestrant (Faslodex), approval also requires:**
    1. Your cancer is advanced or metastatic (cancer that has progressed or has spread to other parts of the body)
    2. Your disease has worsened after endocrine (hormone) therapy (such as anastrozole, letrozole, tamoxifen)
E. **If you are using Ibrance in combination with Itovebi (inavolisib) and fulvestrant (Faslodex), approval also requires:**
    1. Your cancer is locally advanced or metastatic (cancer that has spread from where it started to nearby tissue or lymph nodes or to other parts of the body)
    2. Your tumor has a PIK3CA mutation (abnormal change in a type of gene), as detected by a Food and Drug Administration (FDA)-approved test
    3. You have experienced disease recurrence (disease has returned) on or after completing adjuvant (add-on) endocrine (hormone) therapy (such as anastrozole, letrozole, tamoxifen)

Effective: 04/10/26

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