



## ANTIANDROGENS PA SUMMARY

**MEDICATIONS:** Xtandi (enzalutamide), Zytiga (abiraterone)

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*For Xtandi*

- ❖ Approvable for members with metastatic castration-resistant prostate cancer (CRPC).

*For Zytiga*

- ❖ Approvable for members with metastatic castration-resistant prostate cancer (CRPC) and must be used in combination with prednisone.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.