

Clinical Policy: Enzalutamide (Xtandi)

Reference Number: CP.PHAR.106

Effective Date: 10.12

Last Review Date: 02.20

Line of Business: HIM, Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Enzalutamide (Xtandi[®]) is an androgen receptor inhibitor.

FDA Approved Indication(s)

Xtandi is indicated for the treatment of patients with:

- Castration-resistant prostate cancer (CRPC)
- Metastatic castration-sensitive prostate cancer (CSPC)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that Xtandi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria**A. Prostate Cancer** (must meet all):

1. Diagnosis of one of the following (a or b):
 - a. CRPC, as evidenced by disease progression despite bilateral orchiectomy or other androgen deprivation therapy (*see Appendix D*);
 - b. Metastatic CSPC;
2. Prescribed by or in consultation with an oncologist or urologist;
3. Age \geq 18 years;
4. Member will use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy;
5. Request meets one of the following (a, b, c, or d):*
 - a. If prescribed concomitantly with a strong CYP2C8 inhibitor (e.g., gemfibrozil):
Dose does not exceed 80 mg (2 capsules) per day;
 - b. Dose does not exceed 160 mg (4 capsules) per day;
 - c. If prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, and phenobarbital): Dose does not exceed 240 mg (6 capsules) per day;
 - d. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PHAR.21 for health insurance marketplace and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Prostate Cancer (must meet all):

1. Currently receiving medication via Centene benefit, or documentation supports that member is currently receiving Xtandi for prostate cancer and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a, b, c, or d):*
 - a. If prescribed concomitantly with a strong CYP2C8 inhibitor (e.g., gemfibrozil): New dose does not exceed 80 mg (2 capsules) per day;
 - b. New dose does not exceed 160 mg (4 capsules) per day;
 - c. If prescribed concomitantly with a strong CYP3A4 inducer (e.g., phenytoin, carbamazepine, rifampin, rifabutin, rifapentine, and phenobarbital): New dose does not exceed 240 mg (6 capsules) per day;
 - d. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PHAR.21 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – HIM.PHAR.21 for health insurance marketplace, and CP.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ADT: androgen deprivation therapy

CRPC: castration-resistant prostate cancer

CSPC: castration-sensitive prostate cancer

FDA: Food and Drug Administration

GnRH: gonadotropin-releasing hormone

LHRH: luteinizing hormone-releasing hormone

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information

- CRPC is prostate cancer that progresses clinically, radiographically, or biochemically despite castrate levels of serum testosterone (< 50 ng/dL). Per the NCCN, androgen deprivation therapy (ADT) should be continued in the setting of CRPC while additional therapies are applied.
- Examples of ADT include:
 - Bilateral orchiectomy (surgical castration)
 - Luteinizing hormone-releasing hormone (LHRH) given with or without an anti-androgen:
 - LHRH agonists: Zoladex[®] (goserelin), Vantas[®] (histrelin), leuprolide (Lupron Depot[®], Eligard[®]), and Trelstar[®] (triptorelin)
 - Anti-androgens: bicalutamide (Casodex[®]), flutamide, nilutamide (Nilandron[®]), Xtandi[®] (enzalutamide), Erleada[®] (apalutamide)
 - LHRH antagonist: Firmagon[®] (degarelix)
- In patients with metastatic CSPC, Xtandi has a category 1 NCCN recommendation.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
CRPC, metastatic CSPC	160 mg (four 40 mg capsules) PO QD. Patients receiving Xtandi should also receive a GnRH analog concurrently or should have had bilateral orchiectomy	160 mg/day; 240 mg/day if taking a strong CYP3A4 inducer

VI. Product Availability

Capsule: 40 mg

VII. References

1. Xtandi Prescribing Information. Northbrook, IL: Astellas Pharma US.; December 2019. Available at: <https://www.xtandi.com/>. Accessed December 17, 2019.
2. Micromedex[®] Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. December 17, 2019.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: <http://www.clinicalpharmacology-ip.com/>. Accessed December 17, 2019.
4. Enzalutamide. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.NCCN.org. Accessed December 17, 2019.
5. National Comprehensive Cancer Network. Prostate Cancer Version 4.2019. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed December 17, 2019.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Removed question related to Xtandi use as a monotherapy. Approval duration modified to 6 months for initial and 12 months for continued therapy. Added requirement for to max dose. Defined castration resistant prostate cancer. Updated reasons to discontinue per PI.	10.16	11.16
Initial: clarified ADT; added max dose for concomitant use with a strong CYP3A4 inducer for FDA approved used; added NCCN recommended use; re-auth: added efficacy criterion requiring documentation of positive response to therapy. Safety criteria was applied according to the safety guidance discussed at CPAC and endorsed by Centene Medical Affairs.	09.17	11.17
3Q 2018 annual review: added HIM line of business; specialist requirement was added; off-label use in castration-naïve prostate cancer removed per NCCN guidelines; references reviewed and updated.	05.15.18	08.18
Criteria added for new FDA indication: non-metastatic CRPC; removed requirement for metastatic disease as Xtandi is now approved for non-metastatic prostate cancer; added requirement for non-metastatic disease that Xtandi be used with a GnRH analog or member has had a bilateral orchiectomy; added urologist prescriber option; references reviewed and updated.	08.28.18	02.19
2Q 2019 annual review: added maximum dose restriction for concomitant strong CYP2C8 inhibitor use; no significant changes; references reviewed and updated.	03.05.19	05.19
1Q 2020 annual review: criteria added for new FDA indication: metastatic CSPC; modified to require that a GnRH analog should always be prescribed concurrently with Xtandi unless member has had a bilateral orchiectomy (regardless of metastatic or non-metastatic disease) per FDA labeling and NCCN guidelines; references reviewed and updated.	01.14.20	02.20

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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