niraparib-abiraterone (Akeega)

Pharmacy Benefit Drug Policy

Drug Details

USP Category: MISCELLANEOUS THERAPEUTIC AGENTS
Mechanism of Action: Combination of a PARP inhibitor and a CYP17 inhibitor

Label Name	Quantity Limit
Akeega 100-500 MG TAB	2 tabs/day
Akeega 50-500 MG TAB	2 tabs/day

Condition(s) listed in policy *(see coverage criteria for details)*

- Prostate Cancer

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

The following condition(s) require Prior Authorization/Preservice:

Prostate Cancer

1. Being used for castration resistant metastatic disease, and
2. Being used in combination with prednisone, and
3. Patient has BRCA gene mutation (BRCA1, BRCA2) positive disease, and
4. One of the following (a or b):
    a. Being used with androgen deprivation therapy: LHRH agonist or antagonist therapy, or
    b. Patient has had bilateral orchiectomy, and
5. Dose does not exceed FDA-approved maximum.

Coverage Period:
one year

Additional Information

- FDA approved August 2023; Akeega is a combination of niraparib, a poly (ADP-ribose) polymerase (PARP) inhibitor, and abiraterone acetate, a CYP17 inhibitor indicated with prednisone for the treatment of adult patients with deleterious or suspected deleterious BRCA mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC). Patients are selected for therapy based on an FDA-approved test for AKEEGA.
- Patients receiving AKEEGA should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

References

1. Akeega. Prescribing Information. Janssen Biotech, Inc. Horsham, PA 19044. 2023

Review History

Date of Last Annual Review: 11/02/2023
Date of last revision: 11/02/2023
Changes from previous policy version: new policy

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee