

Generic Name: niraparib and abiraterone acetate

Therapeutic Class or Brand Name: Akeega

Applicable Drugs: N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/9/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to IV are met.)

- I. Documentation of one of the following diagnoses AND must meet all criteria listed under the applicable diagnosis:
FDA-Approved Indication(s)
 - A. Prostate cancer
 - i. Documentation of metastatic castration-resistant prostate cancer (mCRPC)
 - ii. Documentation of deleterious or suspected deleterious BRCA mutation (BRCAm)
 - iii. Akeega will be used in combination with prednisone
 - iv. Patient meets ONE of the following (1 or 2):
 1. Akeega will be used in concurrently with a gonadotropin-releasing hormone (GnRH) analog (ex: leuprolide acetate, Lupron Depot [leuprolide acetate intramuscular injection], Eligard [leuprolide acetate injectable suspension], Firmagon (degarelix acetate subcutaneous injection, etc.), OR
 2. Patient has had a bilateral orchiectomy
 - v. Minimum age requirement: 18 years old
- II. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.
- IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities limited to 60 (sixty) tablets per 30 days

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Prostate Cancer. Version 4.2026. Updated December 4, 2025. Accessed December 14, 2025. www.nccn.org/professionals/physician_gls/pdf/prostate.pdf
2. Akeega. Prescribing Information. Janssen Biotech, Inc. 2024. Accessed November 8, 2025. www.jnjlabels.com/package-insert/product-monograph/prescribing-information/AKEEGA-pi.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.