# MEDICATION POLICY

**Generic Name:** Olaparib

**Therapeutic Class or Brand Name:** Lynparza™

**Applicable Drugs** (if Therapeutic Class)**:** N/A

**Date of Origin:** 1/20/15 **Date Last Reviewed/Revised:** 12/1/17

**GPI Code:** 2153556000

**Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):**

I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:

A. Deleterious or suspected deleterious germline *BRCA* mutated advanced ovarian cancer as detected by an FDA-approved test AND criteria 1 and 2 are met:

1. Test results confirming the *BRCA*-mutation must be submitted.
2. Documentation that patient has been treated with three or more prior lines of chemotherapy.

B. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer AND criteria 1 through 3 are met:

1. Documentation that patient is in a complete or partial response to platinum-based chemotherapy.
2. Documentation that the patient will be on maintenance treatment only.
3. Documentation that the patient will be using the tablets and NOT the capsules.

II. Minimum age requirement: 18 years old.

III. The prescribing physician is an oncologist.

**Exclusion Criteria:**

- N/A

**Other Criteria:**

- N/A

**Quantity/Days Supply Restrictions:**

- 448 capsules per 28 days OR 120 tablets per 30 days.

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**Approval Length:**

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

**Appendix:**

N/A

**References:**


1. http://www.bcbsnc.com/assets/services/public/pdfs/formulary/lynparza_umcriteria.pdf.
2. Medi-Span.
3. http://www.azpicentral.com/Lynparza/pi_lynparza.pdf#page=1
4. http://www.azpicentral.com/Lynparza/pi_lynparza.pdf#page=1.

# MEDICATION POLICY

| *Historical Tracking Of Changes Made To Policy* | |
|---|---|
| *12/1/2017* | 1. **Changed** "I. I. Documented diagnosis of deleterious or suspected deleterious germline BRCA mutated advanced ovarian cancer as detected by an FDA-approved test (test results confirming the BRCA-mutation must be submitted); II. Documentation that member has been treated with three or more prior lines of chemotherapy" **to** "I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis: A. Deleterious or suspected deleterious germline BRCA mutated advanced ovarian cancer as detected by an FDA-approved test AND criteria 1 and 2 are met: 1. Test results confirming the BRCA-mutation must be submitted; 2. Documentation that patient has been treated with three or more prior lines of chemotherapy; B. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer AND criteria 1 through 3 are met: 1. Documentation that patient is in a complete or partial response to platinum-based chemotherapy; 2. Documentation that the patient will be on maintenance treatment only; Documentation that the patient will be using the tablets and NOT the capsules" **under Prior Authorization**.<br>2. **Changed** "448 capsules per 28 days" **to** "448 capsules per 28 days OR 120 tablets per 30 days" **under Quantity/Days Supply Restrictions**.<br>3. **Updated** "http://www.bcbsnc.com/assets/services/public/pdfs/formulary/Lynparza_criteria.pdf" **to** "http://www.bcbsnc.com/assets/services/public/pdfs/formulary/lynparza_umcriteria.pdf" **under References**.<br>4. **Added** "http://www.azpicentral.com/Lynparza/pi_lynparza.pdf#page=1" **under References**. |
| *9/13/2016* | 1. Policy reviewed: no changes made. |