



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: 9/13/16

GPI Code: 2153556000

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

- 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.
- III. Minimum age requirement: 18 years old.
- IV. The prescribing physician is an oncologist.

Exclusion Criteria:

- N/A

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 448 capsules per 28 days.

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

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 judgment in providing the most appropriate care for their patients.



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References:

1. http://www.bcbsnc.com/assets/services/public/pdfs/formulary/Lynparza_criteria.pdf.
2. [Medi-Span](#).
3. http://www.azpicentral.com/Lynparza/pi_lynparza.pdf#page=1.

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<i>Historical Tracking Of Changes Made To Policy</i>	
9/13/2016	1. Policy reviewed: no changes made.

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