

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Zejula (niraparib)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT – 90 for 30 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Zejula (niraparib) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### RECURRENT EPITHELIAL OVARIAN, FALLOPIAN TUBE, OR PRIMARY PERITONEAL CANCER

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by oncologist/hematologist; AND
3. Medication is used as maintenance treatment for adult member with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who had received at least two prior platinum-containing regimens, and is in a complete or partial response to platinum-based chemotherapy; AND
4. Member starts treatment with Zejula no later than 8 weeks after their most recent platinum-containing regimen.
5. **Dosage allowed:** 300 mg taken once daily.

***If member meets all the requirements listed above, the medication will be approved for 6 months.***

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

***If member meets all the reauthorization requirements above, the medication will be approved.***

**CareSource considers Zejula (niraparib) not medically necessary for the treatment of the diseases that are not listed in this document.**

DATE	ACTION/DESCRIPTION
06/23/2017	New policy for Zejula created.

References:

1. Zejula [package insert]. Waltham, MA; TESARO, Inc.: March, 2017.

Effective date: 09/01/2017

Revised date: 06/23/2017