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

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<tr>
<th>DATE</th>
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<tr>
<td>06/23/2017</td>
<td>New policy for Zejula created.</td>
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References: