

PHARMACY POLICY STATEMENT Kentucky 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 NOT MEDICALLY NECESSARY	Click Here

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

