

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Olaparib (Lynparza)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria:** Formulary **olaparib (Lynparza)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Diagnosis of early, high-risk, HER2 negative breast cancer with BRCA mutation  
-OR-
- Diagnosis of metastatic, HER2 negative breast cancer with BRCA mutation  
-OR-
- Diagnosis of metastatic pancreatic cancer with BRCA mutation  
-OR-
- Diagnosis of metastatic, castration-resistant prostate cancer with homologous recombination repair gene mutation -AND- disease progression with hormone therapy (such as abiraterone or enzalutamide)  
-OR-
- Diagnosis of stage 3 or 4 ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Partial or complete response to platinum-based chemotherapy
  - Presence of BRCA mutation
  - Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib
  - No disease progression while on niraparib-OR-
- Diagnosis of stage 3 or 4 ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Partial or complete response to platinum-based chemotherapy
  - Presence of homologous recombination deficiency (HRD)
  - Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib
  - No disease progression while on niraparib-OR-
- Diagnosis of recurrent, platinum-sensitive ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Partial or complete response to second-line chemotherapy
  - Presence of BRCA mutation

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Kaiser Foundation Health Plan of the Northwest

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## CRITERIA FOR DRUG COVERAGE

### Olaparib (Lynparza)

- Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib
- No disease progression while on niraparib or rucaparib

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **olaparib (Lynparza)** will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Diagnosis of early, high-risk, HER2 negative breast cancer with BRCA mutation
- OR-
- Diagnosis of metastatic, HER2 negative breast cancer with BRCA mutation
- OR-
- Diagnosis of metastatic pancreatic cancer with BRCA mutation
- OR-
- Diagnosis of metastatic, castration-resistant prostate cancer with homologous recombination repair gene mutation
- OR-
- Diagnosis of stage 3 or 4 ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Presence of BRCA mutation
  - Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib
  - No disease progression while on niraparib
- OR-
- Diagnosis of stage 3 or 4 ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Presence of homologous recombination deficiency (HRD)
  - Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib
  - No disease progression while on niraparib
- OR-
- Diagnosis of recurrent, platinum-sensitive ovarian, fallopian tube, or primary peritoneal cancer and meets all of the following:
  - Presence of BRCA mutation
  - Failure of an adequate trial of niraparib 100 mg or 200 mg dose with documented toxicity or patient has an allergy to niraparib

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