



**GEORGIA MEDICAID FEE FOR SERVICE
ONCOLOGY, ORAL - OVARIAN PA SUMMARY**

Preferred	Non-Preferred
Lynparza (olaparib) Rubraca (rucaparib) Zejula (niraparib)	N/A

LENGTH OF AUTHORIZATION: 1 year

NOTE: Special consideration taken for members with stage IV advanced metastatic cancer.

PA CRITERIA:

Lynparza

- ❖ Approvable for members with a diagnosis of BRCA-mutated advanced ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have experienced complete or partial response to platinum-based chemotherapy or who have received 3 or more prior lines of chemotherapy.
- ❖ Approvable for members with a diagnosis of persistent or recurrent ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have experienced complete or partial response to platinum-based chemotherapy.
- ❖ Approvable for members with a diagnosis of BRCA-mutated recurrent or metastatic breast cancer who are human epidermal growth factor receptor 2 (HER2)-negative or who have been previously treated with chemotherapy. Members with hormone receptor (HR)-positive (HR+) must have been previously treated with endocrine therapy or the member must not be a candidate for endocrine therapy.

Rubraca

- ❖ Approvable for members with a diagnosis of BRCA-mutated advanced ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have received 2 or more prior lines of chemotherapy.
- ❖ Approvable for members with a diagnosis of persistent or recurrent ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have experienced complete or partial response to platinum-based chemotherapy.

Zejula

- ❖ Approvable for members with a diagnosis of persistent or recurrent ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have experienced complete or partial response to platinum-based chemotherapy and within 8 weeks of completing the most recent platinum-based regimen.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.



- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.