

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:

<u>Lynparza</u>

- ❖ Approvable for members with a diagnosis of BRCA-mutated advanced, 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 advanced, persistent or recurrent ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) associated with homologous recombination deficiency (HRD) positive status defined by either (1) a deleterious or suspected deleterious BRCA mutation or (2) genomic instability who have experienced complete or partial response to platinum-based chemotherapy.
- ❖ Approvable for members with a diagnosis of BRCA-mutated breast cancer who are human epidermal growth factor receptor 2 (HER2)-negative and have been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting or who are hormone receptor (HR)-positive (HR+) and have been previously treated with endocrine therapy or are not a candidate for endocrine therapy.
- Approvable for members with a diagnosis of BRCA-mutated metastatic pancreatic adenocarcinoma who have not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen.
- Approvable for members with a diagnosis of homologous recombination repair (HRR) genemutated metastatic castration-resistant prostate cancer (mCRPC) who have progressed following prior treatment with abiraterone (Zytiga) or enzalutamide (Xtandi) and are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy.
- Approvable for members with a diagnosis of BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC) when the medication is used in combination with abiraterone (Zytiga) and prednisone or prednisolone and are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy.

<u>Rubraca</u>

❖ Approvable for members with a diagnosis of BRCA-mutated advanced, 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 homologous recombination repair (HRR) genemutated metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy regimen and are receiving a gonadotropin-releasing hormone (GnRH) analog or antagonist concurrently or who have had a bilateral orchiectomy.

<u>Zejula</u>

- ❖ Approvable for members with a diagnosis of BRCA-mutated 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.
- Approvable for members with a diagnosis of advanced ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) who have experienced complete or partial response to platinum-based chemotherapy and within 12 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 <u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> 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 <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then select the most recent quarters QLL List.