UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Zejula

Program	Prior Authorization
Medication	Zejula (niraparib)
Issue Date	5/2017
Pharmacy and Therapeutics Approval Date	5/2017
Effective Date	7/2017

1. Background:

Zejula (niraparib) is a poly(ADP-ribose) polymerase (PARP) inhibitor indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

2. Coverage Criteria:

A. Ovarian Cancer

1. **Initial Authorization**

   a. **Zejula** will be approved based on **both** of the following criteria:

      (1) Diagnosis of **one** of the following:

         (a) Recurrent epithelial ovarian cancer
         (b) Fallopian tube cancer
         (c) Primary peritoneal cancer

      -AND-

      (2) Patient has had a complete or partial response to a platinum-based chemotherapy.

      Authorization will be issued for 12 months.

2. **Reauthorization**

   a. **Zejula** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Zejula therapy

Authorization will be issued for 12 months.

3. References:

1. Zejula™ [package insert]. Waltham, MA: Tesaro, Inc. March 2017.

Program	Prior Authorization –Zejula (niraparib)
Change Control	
Date	Change
5/2017	New program. FDA-approved on 3/27/2017.