I. Medication Description

Lynparza™ (olaparib) is an oral poly (ADP-ribose) polymerase (PARP) inhibitor. PARP enzymes are involved in cellular homeostasis including DNA transcription, cell cycle regulation, and DNA repair. In vitro studies have shown that olaparib-induced cytotoxicity may involve inhibition of PARP activity and increased formation of PARP-DNA complex, which results in disruption of cellular homeostasis and cell death.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Lynparza is provided when the following criteria are met:

- Lynparza is prescribed by an oncologist AND
- Lynparza is being used as a preferred single agent for persistent or recurrent ovarian cancer AND
- Presence of deleterious germline BRCA-mutation is documented AND
- Patient has been treated with at least 3 lines of chemotherapy

IV. Quantity Limitations

480 capsules per each 30 day period are covered to allow for a total daily dose of 800 mg.

V. Coverage Duration

Coverage is granted for six months and may be renewed.

VI. Coverage Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Stabilization of disease or in absence of disease progression AND
- Absence of unacceptable toxicity from the drug

VII. Billing/Coding Information

Lynparza is available as 50 mg capsules.
VIII. Summary of Policy Changes

- 6/15/15: new policy
- 7/1/15: formulary distinctions made
- 6/15/16: no policy changes
- 4/5/17: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

Drug therapy initiated with samples will not be considered as meeting medical necessity for coverage for non-preferred or prior authorized medications.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary agent will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.