CareFirst
Family of health care plans

CVS caremark™

SPECIALTY GUIDELINE MANAGEMENT

LYNPARZA (olaparib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. Maintenance Treatment of Recurrent Ovarian Cancer
   Lynparza is 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.
B. Advanced *gBRCA*-mutated Ovarian Cancer After 3 or More Lines of Chemotherapy
   Lynparza is indicated for the treatment of adult patients with deleterious or suspected deleterious germline *BRCA*-mutated (*gBRCAm*) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for the treatment of advanced or recurrent ovarian cancer when the member has received prior treatment with chemotherapy.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Lynparza™ Capsules [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2014.
2. Lynparza® Tablets [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; August 2017.