Reference number(s)
5612-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control – Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Poly-Adp Ribose Polymerase (PARP) Inhibitors

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Standard Formulary Chart (SFC), and Advanced Control Specialty Formulary Chart (ACSFC).

Plan Design Summary

This program applies to the PARP inhibitor products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with the targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. PARP Inhibitors

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Lynparza (olaparib) • Zejula (niraparib)
Target	• Rubraca (rucaparib) • Talzenna (talazoparib)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when any of the following criteria is met:

- Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with both of the preferred products.
- For prostate cancer, either of the following criteria are met:
    - Member has a documented inadequate response or intolerable adverse event with Lynparza.
    - Member is requesting Talzenna with enzalutamide for the treatment of metastatic castration resistant disease and all of the following apply:
        - Member has a documented pathogenic mutation (germline and/or somatic) other than BRCA in one of certain homologous recombination repair (HRR) and other DNA repair genes (ATM, ATR, CDK12, CHEK2, FANCA, MLH1, MRE11A, NBN, PALB2, or RAD51C).
        - Member has not yet received treatment in the castration-resistant prostate cancer (CRPC) setting.
        - Member has not received prior novel hormone therapy (abiraterone, apalutamide, darolutamide, enzalutamide).
- For pancreatic cancer, member is requesting Rubraca and has a documented inadequate response or intolerable adverse event with Lynparza.
- For breast cancer, member is requesting Talzenna and has a documented inadequate response or intolerable adverse event with Lynparza.

References

1. Lynparza [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2023.
2. Rubraca [package insert]. Lee's Summit, MO: Summit SD, LLC; September 2023.
3. Zejula [package insert]. Durham, NC: GlaxoSmithKline; May 2024.
4. Talzenna [package insert]. New York, NY: Pfizer; May 2024.

