

niraparib (ZEJULA)

Diagnosis Considered for Coverage:

- Maintenance treatment for epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Uterine leiomyosarcoma

Coverage Criteria:

For epithelial ovarian, fallopian tube, or primary peritoneal cancer:

- Dose does not exceed 300 mg per day, **and**
- Being used for maintenance therapy as a single agent, **and**
- One of the following:
 - Being used following first-line platinum-based therapy, or
 - Being used for recurrent disease following platinum-based therapy, and provider attestation of BRCA-mutation positive disease

For diagnosis of uterine leiomyosarcoma:

- Being used as a single agent, **and**
- Being used as second line therapy, **and**
- Provider attestation of type 2 BRCA gene mutation positive disease, **and**
- Dose does not exceed 300 mg per day.

Coverage Duration: one year

Effective Date: 03/01/2023