

**Priority Health Medicare prior authorization form**

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

**Lynparza<sup>®</sup>** (olaparib)

**Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Product Information**

New request  Continuation request

Drug product:  Lynparza 50 mg capsule  
 Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

**Drug cost information**

The wholesale acquisition cost for Lynparza is \$28 for each capsule. The annual cost of treatment with this drug is more than \$160,000.

**Precertification Requirements**

Before this drug is covered, the patient must meet one of the following requirements:

1. For diagnosis of advanced ovarian cancer:
  - a. Results of an FDA-approved test must be submitted showing deleterious or suspected deleterious germline BRCA mutated disease
  - b. Must have first tried 3 prior treatments
2. For diagnosis of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer (for maintenance treatment with Lynparza tablets only)
  - a. Must be in complete or partial response to platinum-based chemotherapy
3. For diagnosis of HER2-negative Metastatic breast cancer in patients with deleterious or suspected deleterious germline BRCA-mutated disease.
  - a. Must have been treated with prior chemotherapy in neoadjuvant, adjuvant or the metastatic setting.
  - b. Patients with hormone receptor-positive breast cancer should have been treated with a prior endocrine therapy or have been considered inappropriate for endocrine therapy.

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**Medically accepted indication\***

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.)

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**Priority Health Precertification Documentation**

**A. What condition is this drug being requested for?**

- Advanced ovarian cancer
- Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer
- HER2-negative Metastatic breast cancer
- Other – the patient’s condition is: \_\_\_\_\_

**B. Fax a copy of the FDA-approved test results showing deleterious or suspected deleterious germline BRCA mutated disease with this request.**

**C. What prior treatments has the patient used?**

- Drug/Drug regimen: \_\_\_\_\_
- Drug/Drug regimen: \_\_\_\_\_
- Drug/Drug regimen: \_\_\_\_\_
- Drug/Drug regimen: \_\_\_\_\_

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**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**  Yes  No  
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would Lynparza likely be the most effective option for this patient?**

- No
  - Yes, because: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**If the patient is currently using Lynparza, would changing the patient’s current regimen likely result in adverse effects for the patient?**

- No
  - Yes, because: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_