



**State of Oklahoma
SoonerCare
Zejula® (Niraparib) Prior Authorization Form**

Member Name: _____ **Date of Birth:** _____ **Member ID#:** _____

Drug Information

Pharmacy Billing (NDC: _____ **) Start Date (or date of next dose):** _____

Dose: _____ **Regimen:** _____

Pharmacy Information

Pharmacy NPI: _____ **Pharmacy Name:** _____

Pharmacy Phone: _____ **Pharmacy Fax:** _____

Prescriber Information

Prescriber NPI: _____ **Prescriber Name:** _____

Prescriber Phone: _____ **Prescriber Fax:** _____ **Specialty:** _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

Ovarian, Fallopian Tube, or Primary Peritoneal Cancer Maintenance Treatment

- A. Is the member's disease advanced or recurrent? Yes ___ No ___
- B. Is disease in a complete or partial response to platinum chemotherapy? Yes ___ No ___
- C. Is niraparib being used for maintenance following recurrence? Yes ___ No ___
 - i. If yes, is disease positive for a BRCA mutation? Yes ___ No ___
- D. Will niraparib be used as a single-agent? Yes ___ No ___

If diagnosis is none of the above, please indicate diagnosis: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on niraparib? Yes ___ No ___
3. Has the member experienced adverse drug reactions related to niraparib therapy? Yes ___ No ___

If yes, please specify adverse reactions: _____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.

Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

CONFIDENTIALITY NOTICE

This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.