



Medicare Part D – 2016

Prior Authorization Group Description

LYNPARZA

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Mutations in the BRCA genes as detected by an FDA approved test

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to three prior lines of chemotherapy