PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Lynparza Prior Authorization Policy
- Lynparza™ (olaparib capsules and tablets – AstraZeneca)

REVIEW DATE: 02/03/2021

OVERVIEW

Lynparza, a poly (ADP-ribose) polymerase (PARP) inhibitor, is indicated for the following:[1]

- **Breast cancer**, in adult patients with deleterious or suspected deleterious g*BRCA* mutated, HER2-negative metastatic disease, who have been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy.
- **Ovarian cancer, treatment** in adult patients with deleterious or suspected deleterious germline BReast CAncer (g*BRCA*)-mutated advanced who have been treated with three or more prior lines of chemotherapy.
- **Ovarian cancer, maintenance** treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, who are in a complete or partial response to platinum-based chemotherapy.
- **Ovarian cancer, maintenance** treatment of adult patients with deleterious or suspected deleterious g*BRCA* or somatic *BRCA*-mutated advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy.
- **Ovarianc cancer, maintenance treatment in combination** with bevacizumab for adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD)-positive status defined by either: a deleterious or suspected deleterious *BRCA* mutation, and/or genomic instability.
- **Pancreatic adenocarcinoma,** maintenance treatment of adult patients with deleterious or suspected deleterious g*BRCA* mutated metastatic disease, who have not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen.
- **Prostate cancer**, castration-resistant (CRPC), for the treatment of adult patients with deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic CRPC (mCRPC) who have progressed following prior treatment with Xtandi (enzalutamide tablets) or abiraterone.

Lynparza tablets and capsules are not interchangeable; they have different dosing and bioavailability. The tablet formulation yields a lower daily pill burden than the capsule formulation.

Guidelines

- **Breast Cancer:** The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 1.2021 – January 15, 2021) recommend assessing for germline BRCA1/2 mutations in all patients with recurrent or metastatic disease to identify candidates for PARP inhibitor therapy.[3] Lynparza is noted as one of the preferred single agents for BRCA 1/2 positive tumors (category 1). It is noted that although Lynparza is FDA-approved for HER2-negative disease, the NCCN panel supports use in any breast cancer subtype with BRCA1 or BRCA2 mutation.

- **Ovarian Cancer:** The NCCN guidelines on ovarian cancer (version 2.2020 – January 12, 2021) recommend Lynparza for maintenance therapy after primary treatment in patients who have had a complete or partial response.[2] Lynparza is recommended for *BRCA* 1/2 mutations(category 1). Lynparza in combination with bevacizumab is recommended if bevacizumab was used as part of primary therapy. This combination is recommended for both *BRCA*1/2 wild-type (or unknown) [category 2A] and for germline/somatic *BRCA*1/2 mutation (category 1) in patients who have achieved a complete or partial response. The guidelines recommend use of Zejula™ (niraparib capsules), Rubraca™ (rucaparib tablets), or Lynparza as maintenance therapy options in patients with platinum-sensitive disease who have completed two or more lines of platinum-based therapy. The guidelines recommend Lynparza as one of the preferred single-agent targeted therapies for patients with deleterious germline *BRCA* mutated advanced (persistent disease or recurrence) ovarian cancer-following three or more lines of therapy (category 2A).
- **Pancreatic Cancer:** The NCCN pancreatic adenocarcinoma guidelines (version 1.2021 – October 23, 2020) recommend Lynparza for maintenance therapy after the patient has tried first-line systemic therapy.[4] It is specifically recommended in patients who have germline *BRCA* 1/2 mutations and who have not had disease progression after at least 4 to 6 months of chemotherapy.
- **Prostate Cancer:** The NCCN prostate cancer guidelines (version 3.2020 – November 17, 2020) recommends Lynparza for HRRm in the second-line setting (category 1), after first-line treatment with Xtandi or abiraterone. In patients who have received first-line docetaxel, Lynparza is a category 2B recommended therapy in the second-line setting for HRRm. In a footnote it is noted that Lynparza is a treatment option for patients with mCRPC and a pathogenic mutation (germline and/or somatic) in a HRR gene (*BRCA1*, *BRCA2*, *ATM*, *BARD1*, *BRIP1*, *CDK12*, *CHEK1*, *CHEK2*, *FANCL*, *PALB2*, *RAD51B*, *RAD51C*, *RAD51D*, or *RAD54L)*, who have been treated with androgen receptor-directed therapy. Patients with PPP2R2A mutation in the PROfound trial experienced an unfavorable risk-benefit profile. Therefore, Lynparza is not recommended in patients with a PPP2R2A mutations.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lynparza. All approvals are provided for 3 years in duration.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lynparza is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Breast Cancer.** Approve for 3 years if the patient meets the following criteria (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has metastatic, germline *BRCA* mutation-positive breast cancer; AND
   - **C)** Patient meets ONE of the following criteria (i or ii):
     - **i.** Patient meets BOTH of the following criteria (a and b):
       - **a)** Patient has hormone receptor positive (HR+) [i.e., estrogen receptor positive {ER+} and/or progesterone receptor positive {PR+}] disease; AND
       - **b)** Patient meets ONE of the following criteria (1 or 2):
         - **(1)** Patient has been treated with prior endocrine therapy; OR
         - **(2)** Patient is considered inappropriate for endocrine therapy; OR

ii. Patient has triple negative disease (i.e., ER-negative, PR-negative, and HER2-negative); AND

D) Patient has been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting.

2. Ovarian Cancer – Treatment.

A) Initial Therapy. Approve for 3 years if the patient meets the following criteria (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has a germline *BRCA*-mutation as confirmed by an approved test; AND

iii. Patient has progressed on three or more prior lines of chemotherapy.

B) Patient is Currently Receiving Lynparza. Approve for 3 years if the patient has a *BRCA* mutation (germline) as confirmed by an approved test.

3. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance, Monotherapy. Approve for 3 years if the patient meets the following criteria (A and B):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i or ii):

i. Patient meets both of the following criteria for first-line maintenance therapy (a and b):

a) Patient has a germline or somatic *BRCA* mutation-positive disease as confirmed by an approved test; AND

b) Patient is in complete or partial response to first-line platinum-based chemotherapy regimen; OR

Note: Examples are carboplatin with paclitaxel, carboplatin with doxorubicin, docetaxel with carboplatin.

ii. Patient is in complete or partial response after at least two platinum-based chemotherapy regimens.

Note: Examples of platinum-based chemotherapy are carboplatin with gemcitabine, carboplatin with paclitaxel, cisplatin with gemcitabine.

4. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance, Combination Therapy. Approve for 3 years if the patient meets one of the following criteria (A, B, C, and D):

A) Patient is ≥ 18 years of age; AND

B) The medication is used in combination with bevacizumab; AND

C) Patient has homologous recombination deficiency (HRD)-positive disease as confirmed by an approved test.

Note: HRD-positive disease includes patients with *BRCA* mutation-positive disease; AND

D) Patient is in complete or partial response to first-line platinum-based chemotherapy regimen.

Note: Examples of chemotherapy regimens are carboplatin with paclitaxel, carboplatin with doxorubicin, docetaxel with carboplatin.

5. Pancreatic Cancer – Maintenance Therapy. Approve for 3 years if the patient meets the following criteria (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient has a germline *BRCA* mutation-positive metastatic disease; AND

C) The disease has not progressed on at least 16 weeks of treatment with a first-line platinum-based chemotherapy regimen.

6. Prostate Cancer – Castration-Resistant. Approve for 3 years if the patient meets the following criteria (A, B, C, D, E, and F):

A) Patient is ≥ 18 years of age; AND

B) Patient has metastatic disease; AND

C) Patient meets one of the following criteria (i or ii):

i. The medication is used concurrently with a gonadotropin-releasing hormone (GnRH) analog; OR

Note: Examples are Lupron (leuprolide for injection), Lupron Depot (leuprolide acetate for depot suspension), Trelstar (triptorelin pamoate for injectable suspension), Zoladex (goserelin acetate implant), Vantas (histrelin acetate subcutaneous implant), Firmagon (degarelix for injection), Orgovyx (relugolix tablets).

ii. Patient has had a bilateral orchiectomy; AND

D) Patient has germline or somatic homologous recombination repair (HRR) gene-mutated disease, as confirmed by an approved test; AND

Note: HRR gene mutations include *BRCA1*, *BRCA2*, *ATM*, *BARD1*, *BRIP1*, *CDK12*, *CHEK1*, *CHEK2*, *FANCL*, *PALB2*, *RAD51B*, *RAD51C*, *RAD51D*, or *RAD54L*.

E) Patient does not have a *PPP2R2A* mutation; AND

F) Patient has been previously treated with abiraterone or Xtandi (enzalutamide capsules).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Lynparza is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lynparza™ capsules [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2020.
2. The NCCN Ovarian Cancer Clinical Practice Guidelines in Oncology (version 2.2020 – January 12, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on. February 1, 2021.
3. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 1.2021 – January 15, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 1, 2021.
4. The NCCN Pancreatic Adenocarcinoma Clinical Practice Guidelines in Oncology (version 1.2021 – October 23, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 1, 2021.
5. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 3.2020 – November 17, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed February 1, 2021.
6. The NCCN Drugs & Biologics Compendium. © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 1, 2021. Search term: olaparib.