PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Lynparza Prior Authorization Policy
- Lynparza® (olaparib tablets – AstraZeneca)

REVIEW DATE: 02/02/2022; selected revision 06/22/2022 and 11/16/2022

OVERVIEW

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

- **Breast cancer**, in adults with deleterious or suspected deleterious germline BReast Cancer (g*BRCA*) mutated, human epidermal growth factor 2 (HER2)-negative metastatic disease, who have been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting. Patients with hormone receptor-positive (HR+) breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy.
- **Breast cancer**, for the adjuvant treatment of adults with deleterious or suspected deleterious gBRCA mutated HER2-negative high risk early breast cancer who have been treated with neoadjuvant or adjuvant chemotherapy
- **Ovarian cancer, maintenance** treatment of adults 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 adults with deleterious or suspected deleterious gBRCA 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.
- **Ovarian cancer, maintenance treatment in combination** with bevacizumab for adults 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 adults 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**, for the treatment of adults with deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic castration resistant prostate cancer (mCRPC) who have progressed following prior treatment with Xtandi® (enzalutamide tablets) or abiraterone.

Guidelines

Lynparza is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):[7]

- **Breast Cancer:** NCCN guidelines (version 4.2022 – June 21, 2022) list Lynparza as one of the preferred single agents for *BRCA 1/2* positive tumors (category 1).[2] 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. The guidelines also state that addition of 1 year of adjuvant Lynparza is an option for select patients with germline *BRCA 1/2* mutation after completion of adjuvant chemotherapy for the following scenarios: triple negative disease if patient has ≥ primary tumor (pT2) or ≥ pathologic lymph nodes (pN1) disease after adjuvant chemotherapy or patient has residual disease after preoperative chemotherapy; HR+, HER2-negative tumors if 1)

≥4 positive lymph nodes after adjuvant chemotherapy or 2) residual disease after preoperative therapy and a clinical stage, pathologic stage, estrogen receptor status, and tumor grade (CPS+EG) score ≥3 (category 2A). The guidelines state that adjuvant Lynparza therapy can be given with endocrine therapy.

- **Ovarian Cancer**: NCCN guidelines (version 4.2022 – August 25, 2022) recommend Lynparza for maintenance therapy after primary treatment in patients who have had a complete or partial response in the following situations: single-agent Lynparza for *BRCA1/2* mutations (category 1 if bevacizumab was not used during primary therapy and category 2A if bevacizumab was used during primary therapy); Lynparza in combination with bevacizumab if bevacizumab was used as part of primary therapy (*BRCA1/2* wild-type or unknown and homologous recombination deficient [category 2A]; germline/somatic *BRCA1/2* mutation [category 1].[3] The guidelines recommend use of Zejula® (niraparib capsules), Rubraca® (rucaparib tablets), or Lynparza as single-agent maintenance therapy options in patients with platinum-sensitive persistent or recurrent disease who have completed two or more lines of platinum-based therapy and are in complete or partial response (category 2A; category 1 for *BRCA* mutation). The guidelines recommend Lynparza as single-agent targeted therapies for treatment of patients with deleterious germline *BRCA* mutated advanced (persistent disease or recurrence) ovarian cancer following two or more lines of chemotherapy (category 3).
- **Pancreatic Cancer:** NCCN guidelines (version 2.2021 – February 25, 2021) recommend Lynparza as preferred maintenance therapy after the patient has tried first-line systemic therapy.[4] It is specifically recommended in patients who have germline *BRCA1/2* mutations and who have not had disease progression after at least 4 to 6 months of chemotherapy (category 2A).
- **Prostate Cancer:** NCCN guidelines (version 3.2022 – January 10, 2022) recommends Lynparza for mCRPR with germline or somatic HRR mutation in the second-line setting (category 1), after for patients who have received prior novel hormone therapy (i.e. abiraterone, Xtandi® [enzalutamide capsule or tablet], Nubeqa® [darolutamide tablet], or Erleada® [apalutamide tablet]), Lynparza is recommended (category 1).[5] 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.
- **Uterine Neoplasms:** NCCN guidelines (version 1.2022 – November 4, 2021) state that Lynparza may be considered as a single-agent second-line therapy, useful in certain circumstances, for *BRCA2*-altered uterine leiomyosarcoma (category 2A).[6]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lynparza. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Breast Cancer – Adjuvant Therapy.** Approve for 1 year (total) if the patient meets the following criteria (A, B, C, and D):

A) Patient is ≥ 18 years of age; AND
B) Patient has germline *BRCA* mutation-positive breast cancer; AND
C) Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND
D) Patient has tried neoadjuvant or adjuvant therapy.

2. **Breast Cancer – Recurrent or Metastatic Disease.** Approve for 1 year if the patient meets the following criteria (A, B, C, and D):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has recurrent or metastatic disease; AND
   C) Patient has germline *BRCA* mutation-positive breast cancer; AND
   D) Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer.

3. **Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance, Monotherapy.** Approve for 1 year 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 1 year 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; AND
   Note: HRD-positive disease includes patients with *BRCA* mutation-positive disease.
   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 1 year 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.** Approve for 1 year 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 castration resistant prostate cancer; 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 leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant), Firmagon (degarelix acetate subcutaneous 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 at least one androgen receptor-directed therapy.
     Note: Androgen-receptor-directed therapy includes: abiraterone, Xtandi (enzalutamide capsules and tablets), Nubeqa (darulutamide tablets), or Erleada (apalutamide tablets).

Other Uses With Supportive Evidence:

7. **Ovarian Cancer – Treatment.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   Note: This also includes fallopian tube, or primary peritoneal cancer.
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has a germline *BRCA*-mutation as confirmed by an approved test; AND
   - **C)** Patient has progressed on two or more prior lines of chemotherapy.

8. **Uterine Leiomyosarcoma**. Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has *BRCA2*-altered disease; AND
   - **C)** Patient has tried one systemic regimen.
     Note: Examples of a systemic regimen include one or more of the following products: dacarbazine, docetaxel, doxorubicin, epirubicin, gemcitabine, ifosfamide, vinorelbine.

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® tablets [prescribing information]. Wilmington, DE: AstraZeneca; August 2022.
2. The NCCN Ovarian Cancer Clinical Practice Guidelines in Oncology (version 4.2022 – August 25, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 2, 2022.
3. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 4.2022 – June 21, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on November 14, 2022.
4. The NCCN Pancreatic Adenocarcinoma Clinical Practice Guidelines in Oncology (version 2.2021 – February 25, 2021). © 2021 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 21, 2022.

5. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 3.2022 – January 10, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed January 21, 2022.
6. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 1.2022 – November 4, 2021). © 2021 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed January 21, 2022.
7. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 21, 2022. Search term: olaparib.

BRCA – BReast CAncer; HER2 – Human epidermal growth factor receptor 2; GnRH – Gonadotropin-releasing hormone; HR+ – hormone receptor positive; ER+ – estrogen receptor positive; PR+ – progesterone-receptor positive; NCCN – National Comprehensive Cancer Network.