

SPECIALTY GUIDELINE MANAGEMENT

LYNPARZA (olaparib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Ovarian Cancer

a. First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

Lynparza is indicated for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic *BRCA*-mutated (*gBRCAm* or *sBRCAm*) advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA- approved companion diagnostic test for Lynparza.

b. Maintenance Treatment of Recurrent Ovarian Cancer

Lynparza is indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy.

c. Advanced *gBRCA*-mutated Ovarian Cancer After 3 or More Lines of Chemotherapy

Lynparza is indicated for the treatment of adult patients with deleterious or suspected deleterious germline *BRCA*-mutated (*gBRCAm*) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA- approved companion diagnostic test for Lynparza.

d. First-Line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab

Lynparza is indicated in combination with bevacizumab for maintenance treatment of 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

Select patients for therapy based on an FDA-approved companion diagnostic test for Lynparza.

2. Breast Cancer

Lynparza is indicated in patients with deleterious or suspected deleterious *gBRCAm*, HER2-negative metastatic breast cancer, 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. Select patients for therapy based on an FDA- approved companion diagnostic test for Lynparza.

3. Pancreatic Cancer

Lynparza is indicated for the maintenance treatment of patients with deleterious or suspected deleterious *gBRCAm* metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. Select patients for therapy based on an FDA- approved companion diagnostic test for Lynparza.

Reference number
1810-A

4. Prostate Cancer

Lynparza is indicated for the treatment of adult patients 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 enzalutamide or abiraterone. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

B. Compendial Uses

1. Breast cancer

- a. Recurrent or metastatic human epidermal growth factor receptor 2 (HER2)-negative, BRCA 1/2-germline mutated breast cancer that is either hormone receptor-negative or hormone receptor-positive with visceral crisis or disease that is refractory to endocrine therapy.
- b. Recurrent or metastatic HER2-positive, BRCA 1/2-germline mutated breast cancer that is either hormone receptor-negative or hormone receptor-positive with or without endocrine therapy.
- c. Adjuvant therapy for early-stage, HER2-negative, BRCA 1/2-germline mutated breast cancer with high-risk of recurrence, after completion of neoadjuvant/adjuvant chemotherapy and local treatment

2. Ovarian cancer

- a. As a single-agent maintenance therapy for patients with BRCA1/2 germline or somatic mutations who are in a complete clinical remission (no definitive evidence of disease) or in a partial remission after primary treatment for stage II-IV disease
- b. In combination with bevacizumab for maintenance therapy for stage II-IV disease if in complete clinical remission or partial remission after primary therapy that includes bevacizumab.
- c. For the treatment of persistent disease or recurrence in patients with BRCA mutation who have been treated with two or more lines of chemotherapy as a single agent.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. Documentation of laboratory report confirming BRCA mutation status, where applicable.
- B. Documentation of laboratory report confirming germline or somatic HRR gene mutation, where applicable.

III. CRITERIA FOR INITIAL APPROVAL

A. Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

1. Authorization of 12 months may be granted for treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancer as a single agent when all of the following criteria are met:
 - a. Tumor has deleterious or suspected deleterious germline BRCA mutation
 - b. Member has received two or more prior chemotherapies
2. Authorization of 12 months may be granted for the maintenance treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancer that is in a complete or partial response to chemotherapy when any of the following criteria are met:
 - a. Member has completed two or more lines of platinum-based therapy and will be used as a single agent
 - b. Member has a deleterious or suspected deleterious germline or somatic BRCA mutation and will be used as a single agent for stage II-IV disease

Reference number
1810-A

- c. Member has received primary therapy that includes bevacizumab for stage II-IV disease and will be using the requested medication in combination with bevacizumab

B. Breast Cancer

1. Authorization of 12 months may be granted for the treatment of recurrent or metastatic breast cancer as a single agent in members with deleterious or suspected deleterious germline BRCA mutations.
2. Authorization of 12 months may be granted for use as adjuvant therapy for the treatment of early-stage, HER2-negative, germline BRCA mutated breast cancer with high-risk of recurrence, after completion of neoadjuvant/adjuvant chemotherapy and local treatment (e.g. radiation, surgery, etc.) in any of the following settings:
 - a. Hormone receptor-negative breast cancer with either tumor size ≥ 2 cm or any involved axillary nodes; OR
 - b. Hormone receptor-positive breast cancer with ≥ 4 positive lymph nodes; OR
 - c. Any residual disease and a CPS+EG (clinical stage, pathologic stage, estrogen receptor status and tumor grade) score ≥ 3 following preoperative therapy

C. Pancreatic Cancer

Authorization of 12 months may be granted for the maintenance treatment of deleterious or suspected deleterious germline BRCA-mutated metastatic pancreatic adenocarcinoma as a single agent, in members' whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen.

D. Prostate Cancer

Authorization of 12 months may be granted for treatment of metastatic castration-resistant prostate cancer (mCRPC) when all the following criteria are met:

1. Member has deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene mutation, which includes BRCA1, BRCA2, ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D, RAD54L
2. Member has progressed on prior androgen receptor-directed therapy
3. Member is receiving therapy concurrently with a gonadotropin-releasing hormone (GnRH) analog or has had a bilateral orchiectomy
4. The requested medication will be used as a single agent (concurrent use with a GnRH analog is allowed)

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

- a. For the first-line maintenance treatment of BRCA-mutated advanced ovarian cancer in a complete response, the maximum treatment duration is 2 years.
- b. For the first-line maintenance treatment of advanced ovarian cancer in combination with bevacizumab in a complete response, the maximum treatment duration is 2 years.
- c. For use as adjuvant treatment of early-stage, HER2-negative, BRCA-mutated breast cancer with high-risk of recurrence, the maximum treatment duration is 1 year.

V. REFERENCES

1. Lynparza® Tablets [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2021.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed July 1, 2021.

Reference number
1810-A

3. Tutt, A.N.J., Garber J.E., Kaufman, B., et al. Adjuvant Olaparib for Patients with BRCA1- or BRCA2-Mutated Breast Cancer. *N Engl J Med.* 2021;384:2394-2405. DOI:10.1056/NEJMoa2105215