POLICY: Oncology – Lynparza™ (olaparib capsules and tablets – AstraZeneca)

TAC APPROVAL DATE: 02/06/2019

OVERVIEW
Lynparza, a poly (ADP-ribose) polymerase (PARP) inhibitor, is indicated in adult patients with deleterious or suspected deleterious germline BRCA-mutated advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. The BRCA mutation is required to be detected by an FDA-approved test. It is also indicated for the 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. In addition, it is indicated for the maintenance treatment of adult patients 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. Lynparza is indicated in patients with deleterious or suspected deleterious gBRCA mutated, 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. 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.

BRCA Mutation Testing
Lynparza was approved with an FDA-approved companion diagnostic test, BRACAnalysis® CDx (Myriad Genetics). This test detects the presence of mutations in the BRCA genes in blood samples from patients with ovarian cancer eligible for treatment with Lynparza. The BRACAnalysis CDx test was previously available without FDA approval as a laboratory developed test and has been used to detect BRCA mutations in patients with metastatic breast cancer. Per the FDA website, this test is only performed at Myriad Genetic Laboratories (single site).

Guidelines
The National Comprehensive Cancer Network (NCCN) guidelines on ovarian cancer (version 2.2018 – March 9, 2018) note that the therapy options for patients with recurrent disease are primarily dependent on whether the patient is considered platinum-resistant (patients who relapse < 6 months after initial platinum chemotherapy) or platinum-sensitive (patients who relapse ≥ 6 months after initial platinum chemotherapy). 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). 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 have not been updated to include the new indication of Lynparza for first-line maintenance therapy in BRCA-mutated ovarian cancer.

The NCCN breast cancer guidelines (version 3.2018 – October 25, 2018) recommend Lynparza as one of the preferred single agents for HER2-negative, BRCA 1/2 positive tumors, in the recurrent or metastatic setting (category 1).
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. Ovarian Cancer – Treatment.  
A) Initial Therapy. Approve for 3 years if the patient meets the following criteria (i and ii):
   i. The patient has a germline BRCA-mutation as confirmed by an approved test; AND
   ii. The 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.

2. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance Therapy. Approve for 3 years if the patient meets one of the following criteria (A or B):
   A) The patient meets both of the following criteria for first-line maintenance therapy (i and ii):
      i. The patient has a germline or somatic BRCA mutation-positive disease as confirmed by an approved test; AND
      ii. The patient is in complete or partial response to first-line platinum-based chemotherapy regimen (e.g., carboplatin with paclitaxel, carboplatin with doxorubicin, docetaxel with carboplatin); OR
   B) The patient meets both of the following criteria (i and ii):
      i. The patient has recurrent disease; AND
      ii. The patient is in complete or partial response after at least two platinum-based chemotherapy regimens (e.g., carboplatin with gemcitabine, carboplatin with paclitaxel, cisplatin with gemcitabine).

3. Breast Cancer. Approve for 3 years if the patient meets the following criteria (A, B, C, and D):
   A. The patient has metastatic, germline BRCA mutation-positive breast cancer; AND
   B. The patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND
   C. The patient meets ONE of the following criteria (i or ii):
      i. The patient meets BOTH of the following criteria (a and b):
         a) The patient has hormone receptor positive (HR+) [i.e., estrogen receptor positive (ER+) and/or progesterone receptor positive (PR+)] disease; AND
         b) The patient meets ONE of the following criteria (1 or 2):
            (1) The patient has been treated with prior endocrine therapy; OR
            (2) The 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. The patient has been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting.
CONDITIONS NOT RECOMMENDED FOR APPROVAL

Lynparza has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below.

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

HISTORY

<table>
<thead>
<tr>
<th>Type of Revision</th>
<th>Summary of Changes’</th>
<th>TAC Approval Date</th>
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<tbody>
<tr>
<td>New Policy</td>
<td>New Policy</td>
<td>01/14/2015</td>
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<tr>
<td>DEU Revision</td>
<td>Policy revised to include updated NCCN guidelines; 07/01/2015.</td>
<td>NA</td>
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<tr>
<td>Annual Revision</td>
<td>No changes to criteria.</td>
<td>02/03/2016</td>
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<tr>
<td>Annual Revision</td>
<td>Criteria revised to add that the BRCA mutation is confirmed by an approved test.</td>
<td>02/08/2017</td>
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<tr>
<td>Selected revision</td>
<td>Added criteria for maintenance treatment based on FDA-approval in this setting. Under Other Uses with Supportive Evidence, added criteria for approval in patients with BRCA+ breast cancer based on Phase III data. Added qualifier “Treatment” for criteria #1 for ovarian cancer to separate it out from maintenance therapy criteria.</td>
<td>09/13/2017</td>
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<tr>
<td>Annual revision</td>
<td>For Ovarian Cancer – Maintenance therapy indication, deleted criteria requiring at least two prior platinum based chemotherapy regimens. Moved Breast Cancer approval condition to FDA-Approved Indications. Added criteria requiring prior endocrine therapy or ineligible for endocrine therapy for patients with hormone receptor positive breast cancer. Based on the FDA approved indication, deleted criteria requiring up to two previous chemotherapies for metastatic disease and the criteria requiring use of an anthracycline and taxane. Now the criteria is less restrictive based on the indication, just requiring prior treatment with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting (the settings were noted in previous criteria as well).</td>
<td>02/07/2018</td>
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<td>Annual revision</td>
<td>Lynparza got FDA approval for use in first-line maintenance therapy setting in BRCA-positive disease. Based on this indication, combined Maintenance therapy criteria for use in first-line and recurrent disease. Specified in recurrent maintenance therapy setting that Lynparza is used after at least two lines of platinum-based chemotherapy regimens.</td>
<td>02/06/2019</td>
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For a further summary of criteria changes, refer to respective TAC minutes available at: http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx; TAC – Therapeutic Assessment Committee; DEU – Drug Evaluation Unit; NCCN – National Comprehensive Cancer Network; NA – Not applicable; BRCA – BReast CAncer.