Reference number
1810-A

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 (g*BRCA*m or s*BRCA*m) 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 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. First-Line Maintenance Treatment of HRD-positive 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
      i. A deleterious or suspected deleterious BRCA mutation, and/or
      ii. Genomic instability
      Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

2. Breast Cancer
   a. Lynparza is indicated for the adjuvant treatment of adult patients with deleterious or suspected deleterious gBRCAm human epidermal growth factor receptor 2 (HER2)-negative high risk early breast cancer who have been treated with neoadjuvant or adjuvant chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

   b. Lynparza is indicated for the treatment of adult 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 for Lynparza.

3. Pancreatic Adenocarcinoma
   Lynparza is indicated for the maintenance treatment of adult 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 for Lynparza.

4. Prostate Cancer
   a. 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. Lynparza is indicated in combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with deleterious or suspected deleterious BRCA-mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC). Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza

B. Compendial Uses
   1. Breast cancer
      a. Recurrent or metastatic HER2-negative, BRCA 1/2-germline mutated breast cancer
      b. Recurrent or metastatic HER2-positive, BRCA 1/2-germline mutated breast cancer
      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, Fallopian tube cancer, Primary peritoneal cancer
      c. As a single-agent maintenance therapy for patients with BRCA1/2 germline or somatic mutations who are in complete or partial response after primary treatment for stage II-IV disease
      d. In combination with bevacizumab for maintenance therapy for stage II-IV disease if in complete or partial response after primary therapy that includes bevacizumab.
   3. Uterine Leiomyosarcoma (uLMS)

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.
C. Documentation of hormone receptor (HR) and human epidermal growth factor receptor 2 (HER2) status, where applicable.

III. CRITERIA FOR INITIAL APPROVAL

A. Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer
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:
1. Member has completed two or more lines of platinum-based therapy for recurrent disease and will be using the requested medication as a single agent
2. Member has a deleterious or suspected deleterious germline or somatic BRCA mutation and will be using the requested medication as a single agent or in combination with bevacizumab for advanced (stage II-IV) disease

3. Member has received primary therapy that includes bevacizumab for advanced (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 breast cancer with no response to preoperative systemic therapy, or for 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 HER2-negative, germline BRCA mutated breast cancer after completion of neoadjuvant/adjuvant chemotherapy in any of the following settings:
   a. Hormone receptor-negative breast cancer with any residual disease; OR
   b. Hormone receptor-negative breast cancer with either tumor size ≥2 cm or any involved axillary nodes; OR
   c. Hormone receptor-positive breast cancer with ≥4 positive lymph nodes; OR
   d. Hormone receptor-positive breast cancer with any residual disease and a CPS+EG (clinical stage, pathologic stage, estrogen receptor status and tumor grade) score ≥3 following preoperative therapy

C. Pancreatic Adenocarcinoma

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 either of the following criteria are met:

1. The requested medication will be used as a single agent (concurrent use with a GnRH analog is allowed) and all of the following criteria are met:
   a. 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
   b. Member has progressed on prior androgen receptor-directed therapy
   c. Member is receiving therapy concurrently with a gonadotropin-releasing hormone (GnRH) analog or has had a bilateral orchiectomy
2. The requested medication will be used in combination with abiraterone and prednisone or prednisolone and all of the following criteria are met:
   a. Member has deleterious or suspected deleterious BRCA mutation
   b. Member is receiving therapy concurrently with a gonadotropin-releasing hormone (GnRH) analog or has had a bilateral orchiectomy

E. Uterine Leiomyosarcoma

Authorization of 12 months may be granted for treatment of BRCA altered uterine leiomyosarcoma (uLMS) as second-line therapy when used as a single agent.

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; May 2023.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed December 6, 2022.