BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

ZEJULA™ (niraparib)
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for ZEJULA (niraparib)

Criteria for Initial Therapy:

Prescriber Qualifications
- Prescribed by a physician specializing in the diagnosis or in consultation with an oncologist

Indication
- Maintenance treatment of advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer in complete or partial response to first-line platinum-based chemotherapy

ORIGINAL EFFECTIVE DATE: 07/20/2017 | ARCHIVE DATE: | LAST REVIEW DATE: 05/15/2025 | LAST CRITERIA REVISION DATE: 05/16/2024

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- Maintenance treatment of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer with deleterious or suspected deleterious germline BRCA mutation in complete or partial response to platinum-based chemotherapy
- Other oncologic direct treatment uses listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

Age Requirement
- 18 years or older

Baseline Clinical Evaluation
- Negative pregnancy test for women of childbearing potential
- Blood pressure evaluation and management of hypertension with antihypertensive medications
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0–1

Brand Specific Criteria
- Have failure, contraindication or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety
- No use in severe renal impairment (creatinine clearance by Cockroft-Gault less than 30 mL/min) or end-stage renal impairment undergoing hemodialysis
- No use in severe hepatic impairment (total bilirubin greater than 3 times ULN and any AST

Documentation Requirements
- A completed request form must be submitted, including:
  - Chart notes
  - Lab results (pregnancy test, blood pressure, ECOG status)
  - Supporting clinical documentation

Initial Therapy Criteria Approval Duration
- 6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy)
Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualification
- Continues to be seen by a physician specializing in or in consultation with an oncologist

Clinical Response
- No evidence of disease progression or unacceptable toxicity
- Using a dose of at least 100 mg once daily

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Adherence
- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria
- Have failure, contraindication or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section

Safety
- No development of significant adverse drug effects such as:
  - Confirmed myelodysplastic syndrome or acute myeloid leukemia
  - Posterior Reversible Encephalopathy Syndrome (PRES)
  - Adverse effect lasting more than 28 days while on 100 mg once daily
  - Adverse effect that did not return to acceptable levels or recurred after dose interruption or reduction to 100 mg daily in platelet count, neutrophil count, or hemoglobin
- No use in severe renal impairment (creatinine clearance by Cockroft-Gault less than 30 mL/min) or end-stage renal impairment undergoing hemodialysis
- No use in severe hepatic impairment (total bilirubin greater than 3 times the ULN and any AST

Documentation Requirements
- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use

Continuation Therapy Criteria Approval Duration
- 12 months OR end of plan year

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications

2. Off-Label Use of Cancer Medications

Description:

Zejula (niraparib) is 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 and for the treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal

cancer who have been treated with three or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either: a deleterious or suspected deleterious *BRCA* mutation, or genomic instability and who have progressed more than six months after response to the last platinum-based chemotherapy.

Niraparib is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, PARP-1 and PARP-2, which play a role in DNA repair. Studies have shown that niraparib-induced cytotoxicity may involve inhibition of PARP enzymatic activity and increased formation of PARP-DNA complexes resulting in DNA damage, apoptosis and cell death. Increased niraparib-induced cytotoxicity was observed in tumor cell lines with or without deficiencies in *BRCA1/2*. Niraparib decreased tumor growth in mouse xenograft models of human cancer cell lines with deficiencies in *BRCA1/2* and in human patient-derived xenograft tumor models with homologous recombination deficiency that had either mutated or wild type *BRCA1/2*.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

ECOG Performance status:

Eastern Co-operative Oncology Group (ECOG) Performance Status	
Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead
Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982	

NCCN recommendation definitions:

Category 1:
Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:
Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:
Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:
Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate

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Resources:

Zejula (niraparib) product information, revised by GlaxoSmithKline LLC 05-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 21, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Version 1.2025 – Updated March 05, 2025. Available at https://www.nccn.org. Accessed April 20, 2025.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.