

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 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.

Criteria:

- **Criteria for initial therapy:** Zejula (niraparib) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met:
1. Prescriber is a physician specializing in the patient’s diagnosis or is in consultation with an Oncologist
 2. Individual is 18 years of age or older
 3. Individual has a confirmed diagnosis of **ONE** of the following:
 - a. Maintenance treatment of adult individual with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who is in a complete or partial response to first-line platinum-based chemotherapy

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- b. Maintenance treatment of adult individual with deleterious or suspected deleterious germline *BRCA*-mutated (g*BRCA*mut) recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who is in a complete or partial response to platinum-based chemotherapy
 - c. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A
4. Individual has received and completed **ALL** the following **baseline tests** before initiation of treatment and with continued monitoring of the individual as clinically appropriate:
 - a. Negative pregnancy test in a woman of childbearing potential
 - b. Blood pressure and medically manage hypertension with antihypertensive medications
 - c. Eastern Cooperative Oncology Group (ECOG) Performance Status is 0-1
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Agent will not be used in patients with severe renal impairment (creatinine clearance by Cockcroft-Gault less than 30 mL/min) or end-stage renal impairment undergoing hemodialysis
7. Agent will not be used in patients with severe hepatic impairment (total bilirubin greater than 3-times the upper limit of normal and any aspartate aminotransferase (AST))

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Zejula (niraparib) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Oncologist
2. Individual's condition has responded while on therapy with response defined as there is no evidence of disease progression or unacceptable toxicity
3. Individual is using a dose of at least 100 mg once daily
4. Individual has been adherent with the medication
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
 - a. Confirmed Myelodysplastic syndrome or acute myeloid leukemia (MDS/AML)

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- b. Posterior Reversible Encephalopathy Syndrome (PRES)
 - c. Adverse effect lasting more than 28 days while on 100 mg once daily
 - d. Adverse effect that did not return to acceptable levels or has recurred in a patient that underwent a dose interruption period or dose reduction of Zejula to 100 mg daily in **any** of the following: platelet count or neutrophil count or hemoglobin
7. Agent will not be used in patients with severe renal impairment (creatinine clearance by Cockcroft-Gault less than 30 mL/min) or end-stage renal impairment undergoing hemodialysis
8. Agent will not be used in patients with severe hepatic impairment (total bilirubin greater than 3-times the upper limit of normal and any aspartate aminotransferase (AST))

Renewal duration: 12 months

- 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**
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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](#)

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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

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.