Zejula® (niraparib)
(Oral)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Zejula 100 mg capsule: 3 capsules per day
- Zejula 100 mg tablet: 3 tablets per day
- Zejula 200 mg tablet: 1 tablet per day
- Zejula 300 mg tablet: 1 tablet per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- All indications: 300 mg per day

III. Initial Approval Criteria [1-2]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria [1-3]

- Patient has not received prior treatment with a PARP-inhibitor (i.e., olaparib, rucaparib, or talazoparib), unless otherwise specified; **AND**

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer † ‡ Φ [1,3,5,10]

- Used as maintenance therapy; **AND**
  - Patient has Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer; **AND**
    - Patient has recurrent disease; **AND**
      - Patient has germline BRCA1/2 mutated disease as detected by an FDA-approved or CLIA-compliant test❖ †; **AND**

- Used as a single agent; **AND**
- Patient is in complete or partial response to platinum-based chemotherapy (i.e., platinum-sensitive); **AND**
  - Patient will start treatment no later than 8 weeks after their most recent platinum-containing regimen; **OR**
  - Disease has not progressed on prior PARP-inhibitor therapy, if previously used; **AND**
    - Patient has completed two or more lines of platinum-based therapy; **OR**

- Patient has advanced disease; † **AND**
  - Used as single agent first-line maintenance therapy; **AND**
  - Patient is in a complete or partial response to first-line platinum-based chemotherapy; **AND**
  - Patient will start treatment no later than 12 weeks after their most recent platinum-containing regimen; **AND**
  - Laboratory value for platelet count is current (i.e., within the previous 28 days); **OR**

- Patient has Carcinosarcoma (Malignant Mixed Müllerian Tumors) or Clear Cell Carcinoma of the Ovary ‡; **AND**
  - Patient has stage II-IV disease and is in complete or partial response after primary therapy; **AND**
    - Patient has germline or somatic BRCA 1/2-mutated disease as detected by an FDA-approved or CLIA-compliant test❖; **AND**
      - Used as a single agent; **OR**
      - Used in combination with bevacizumab; **AND**
        - Patient is unable to tolerate olaparib; **AND**
        - Patient received primary therapy including bevacizumab; **OR**
  - Patient has recurrent disease and is in complete or partial response after at least two prior lines of platinum-based chemotherapy (i.e., platinum-sensitive); **AND**
    - Patient has germline BRCA 1/2-mutated disease as detected by an FDA-approved or CLIA-compliant test❖; **AND**
      - Used as single agent; **AND**
      - Patient has not progressed on prior PARP-inhibitor therapy, if previously received; **OR**

- Patient has <u>recurrent</u> Grade 1 Endometrioid Carcinoma, Mucinous Carcinoma of the Ovary, or Low-Grade Serous Carcinoma; **AND**
  - Used as single agent; **AND**
  - Patient has germline BRCA1/2 mutated disease as detected by an FDA-approved or CLIA-compliant test❖; **AND**

- Patient is in complete or partial response to platinum-based chemotherapy (i.e., platinum-sensitive); **AND**
- Patient has completed two or more lines of platinum-based therapy; **AND**
- Patient has not progressed on prior PARP-inhibitor therapy, if previously received; **OR**

o Patient has stage II-IV high-grade serous or grade 2/3 endometrioid carcinoma ‡; **AND**

- Patient is in complete or partial response following primary therapy; **AND**
  - Used as a single agent; **AND**
    - Primary therapy did not include bevacizumab; **OR**
    - Primary therapy included bevacizumab and patient has germline or somatic BRCA1/2 mutated disease as detected by an FDA-approved or CLIA-compliant test❖; **OR**
  - Used in combination with bevacizumab for patients unable to tolerate olaparib; **AND**
    - Primary therapy included bevacizumab; **AND**
      - Patient is BRCA1/2 wild-type or unknown and HR deficient; **OR**
      - Patient has germline or somatic BRCA1/2 mutated disease as detected by an FDA-approved or CLIA-compliant test❖

Uterine Sarcoma (Uterine Neoplasms) ‡ [3,8]

- Used as single agent; **AND**
- Used as subsequent therapy for advanced, recurrent, metastatic, or inoperable disease; **AND**
- Patient has leiomyosarcoma (LMS); **AND**
- Patient has BRCA2-altered disease as detected by an FDA-approved or CLIA-compliant test❖

❖ *If confirmed using an immunotherapy assay - http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-2]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: development of myelodysplastic syndrome/acute myeloid leukemia (MDS/AML), bone marrow suppression (e.g., thrombocytopenia, anemia, neutropenia, and/or pancytopenia), cardiovascular effects (hypertension/hypertensive crisis), posterior reversible encephalopathy syndrome (PRES), etc.; **AND**

Ovarian Cancer (First-Line Maintenance Treatment of Advanced Disease)

- Laboratory value for platelet count is current (i.e., within the previous 28 days)

V. Dosage/Administration [1,2,8]

Indication	Dose
Ovarian Cancer	First-Line Maintenance Treatment of Advanced Disease – Weight <77 kg (<170 lbs) OR a platelet count <150,000/µL: 200 mg orally once daily until disease progression or unacceptable toxicity – Weight ≥77 kg (≥170 lbs) AND a platelet count ≥150,000/µL: 300 mg orally once daily until disease progression or unacceptable toxicity Maintenance Treatment of Recurrent Disease – 300 mg orally once daily until disease progression or unacceptable toxicity
Uterine Cancer	– Up to 300 mg orally once daily until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J8999 – Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

NDC:

- Zejula 100 mg oral capsule: 69656-0103-xx
- Zejula 100 mg oral tablet: 0173-0909-xx
- Zejula 200 mg oral tablet: 0173-0912-xx
- Zejula 300 mg oral tablet: 0173-0915-xx

VII. References

1. Zejula Tablets [package insert]. Durham, NC; GlaxoSmithKline; January 2024. Accessed March 2024.
2. Zejula Capsules [package insert]. Durham, NC; GlaxoSmithKline; April 2023. Accessed Mach 2024.
3. Mirza MR, Monk BJ, Herrstedt J, et al. Niraparib Maintenance Therapy in Platinum-Sensitive, Recurrent Ovarian Cancer. N Engl J Med. 2016 Dec 1;375(22):2154-2164.

4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) niraparib. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.
5. Moore KN, Secord AA, Geller MA, et al. Niraparib monotherapy for late-line treatment of ovarian cancer (QUADRA): a multicentre, open-label, single-arm, phase 2 trial. Lancet Oncol. 2019 May;20(5):636-648. doi: 10.1016/S1470-2045(19)30029-4. Epub 2019 Apr 1.
6. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 1.2024. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.
7. González-Martín A, Pothuri B, Vergote I, et al. Niraparib in Patients with Newly Diagnosed Advanced Ovarian Cancer. N Engl J Med. 2019 Dec 19;381(25):2391-2402. doi: 10.1056/NEJMoa1910962. Epub 2019 Sep 28.
8. Mirza MR, Avall Lundqvist E, Birrer MJ, et al. Niraparib plus bevacizumab versus niraparib alone for platinum-sensitive recurrent ovarian cancer (NSGO-AVANOVA2/ENGOT-ov24): a randomised, phase 2, superiority trial. Lancet Oncol 2019; 20:1409-1419.
9. Musacchio L, Caruso G, Pisano C, et al. PARP Inhibitors in Endometrial Cancer: Current Status and Perspectives. Cancer Manag Res. 2020; 12: 6123–6135. doi: 10.2147/CMAR.S221001
10. Hardesty MM, Krivak TC, Wright GS, et al. OVARIO phase II trial of combination niraparib plus bevacizumab maintenance therapy in advanced ovarian cancer following first-line platinum-based chemotherapy with bevacizumab. Gynecol Oncol 2022;166:219-229.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C54.0	Malignant neoplasm of isthmus uteri

ICD-10	ICD-10 Description
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of ovary, right ovary
C56.2	Malignant neoplasm of ovary, left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of ovary, unspecified
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents:

https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC