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Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	April 7, 2017
Subject:	Zejula	**Page:**	1 of 5

Last Review Date: December 13, 2024

Zejula

Description

Zejula (niraparib)

Background
Zejula is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, used in the treatment of adult patients with epithelial ovarian, fallopian tube, or primary peritoneal cancer. Epithelial ovarian, fallopian tube or primary peritoneal cancer is a cancer of the tissue covering the ovary or lining the fallopian tube or abdominal wall (peritoneum). In vitro 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 (1).

Regulatory Status
FDA-approved indications: Zejula is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated: (1)

- for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy.
- for the maintenance treatment of adult patients with deleterious or suspected deleterious germline *BRCA*-mutated recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Zejula.

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML) and bone marrow suppression have occurred in patients treated with Zejula. Monitor patients for hematological toxicity weekly for the first month, monthly for the next 11 months and periodically thereafter (i.e. monitor

complete blood count). Discontinue if MDS/AML or bone marrow suppression is confirmed or until disease progression or unacceptable toxicity (1).

Hypertension and cardiovascular effects have been reported in patients treated with Zejula. Blood pressure and heart rate should be monitored weekly for the first 2 months, then monthly for the first year, and periodically thereafter while on Zejula (1).

Posterior reversible encephalopathy syndrome (PRES) have occurred in patients treated with Zejula. Signs and symptoms of PRES include seizure, headache, altered mental status, visual disturbance, or cortical blindness, with or without associated hypertension. Patients treated with Zejula should be monitored for signs and symptoms of PRES and if suspected, Zejula should be discontinued (1).

Zejula can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment and for 6 months following the last dose of Zejula (1).

The safety and effectiveness of Zejula in pediatric patients have not been established (1).

Related policies

Akeega, Lynparza, Rubraca

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Zejula may be considered **medically necessary** if the conditions indicated below are met.

Zejula may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancers
    a. Deleterious or suspected deleterious germline *BRCA* mutation, as determined by an FDA-approved test
    b. Patient has had a complete or partial response to platinum-based chemotherapy
2. Advanced epithelial ovarian, fallopian tube, or primary peritoneal cancers
    a. Patient has had a complete or partial response to first-line platinum-based chemotherapy

AND ALL of the following for **ALL** indications:

1. Prescriber agrees to obtain a complete blood count (CBC) at baseline, weekly for the first month, and monthly thereafter
2. Prescriber agrees to monitor for cardiovascular effects
3. Females of reproductive potential **only**: prescriber agrees to advise patient to use effective contraception during therapy and for 6 months after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancers
2. Advanced epithelial ovarian, fallopian tube, or primary peritoneal cancers

AND ALL of the following for **ALL** indications:

1. Prescriber agrees to obtain complete blood counts (CBCs) as clinically indicated
2. Prescriber agrees to monitor for cardiovascular effects
3. **NO** disease progression or unacceptable toxicity
4. Females of reproductive potential **only**: prescriber agrees to advise patient to use effective contraception during therapy and for 6 months after the last dose

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Quantity 300 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits
Same as above

Rationale

Summary
Zejula is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, which (when uninhibited) play a role in DNA repair. Zejula is indicated for the treatment of patients with epithelial ovarian, fallopian tube, or primary peritoneal cancer. MDS/AML occurred in patients treated with Zejula, therefore monthly testing for hematological toxicity is required during treatment with Zejula. Hypertension and cardiovascular effects have been reported in patients treated with Zejula. Blood pressure and heart rate should be monitored weekly for the first 2 months, then monthly for the first year, and periodically throughout treatment. The safety and effectiveness of Zejula in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Zejula while maintaining optimal therapeutic outcomes.

References
1. Zejula [Package Insert]. Research Triangle Park, NC: GlaxoSmithKline; January 2024.
2. NCCN Drugs & Biologics Compendium ® Niraparib 2024. National Comprehensive Cancer Network, Inc. Accessed on October 3, 2024.

Policy History

Date	Action
April 2017	Addition to PA
June 2017	Annual review
September 2017	Annual review

June 2018	Annual editorial review and reference update
March 2019	Annual review and reference update
November 2019	Addition of indication: advanced ovarian, fallopian tube, or primary peritoneal cancer, previously treated with three or more prior chemotherapy regimens
December 2019	Annual review
May 2020	Addition of indication: advanced ovarian epithelial, fallopian tube, or primary peritoneal cancer, with a complete or partial response to first-line platinum-based chemotherapy
June 2020	Annual review
December 2021	Annual review and reference update
October 2022	Removal of indication per PI update: advanced ovarian, fallopian tube, or primary peritoneal cancer, previously treated with three or more prior chemotherapy regimens
December 2022	Annual review and reference update
January 2023	Per PI update, added requirement of “deleterious or suspected deleterious germline *BRCA* mutation” to recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancers
March 2023	Annual review and reference update
April 2023	Per PI update, changed quantity limit from 270 per 90 days to 300 mg per day. Added warnings of hypertension and cardiovascular effects and posterior reversible encephalopathy syndrome (PRES) to regulatory status. Also added initiation requirement for recurrent BRCA-mutated ovarian cancer to be confirmed by an FDA-approved test
June 2023	Annual review and reference update
December 2023	Annual review and reference update
March 2024	Annual review and reference update
December 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.