FOR YOUR ADULT PATIENTS WITH
PLATINUM-RESPONSIVE ADVANCED OVARIAN CANCER
FOR 1L MAINTENANCE[1]

1 DAILY DOSE

Zejula
niraparib
capsules 100 mg

ZEJULA is indicated 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.

Important Safety Information

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML), including some fatal cases, was reported in 15 patients (0.8%) out of 1785 patients treated with ZEJULA monotherapy in clinical trials. The duration of therapy in patients who developed secondary MDS/cancer therapy-related AML varied from 0.5 months to 4.9 years. These patients had received prior chemotherapy with platinum agents and/or other DNA-damaging agents including radiotherapy. Discontinue ZEJULA if MDS/AML is confirmed.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

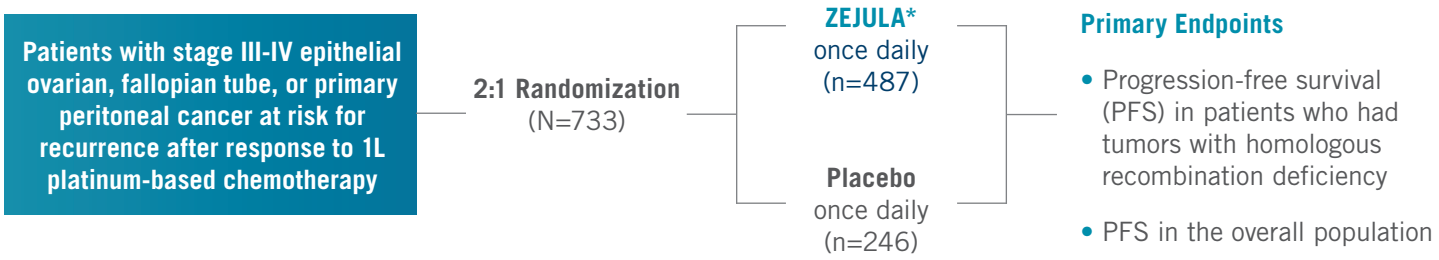
1L, first-line.

The PRIMA trial assessed ZEJULA as 1L maintenance in patients with advanced ovarian cancer in response to platinum-based chemotherapy, regardless of biomarker status[1,2]

1 DAILY DOSE

Zejula niraparib capsules 100 mg

PRIMA was a randomized, double-blind, placebo-controlled phase 3 trial examining the efficacy and safety of ZEJULA in patients with newly diagnosed advanced ovarian cancer[1,2]



PRIMA included patients with poor prognoses[1,2,5]

85%
of patients had residual disease following primary debulking surgery†

35%
of patients had stage IV disease

31%
of patients had partial response to 1L platinum-based chemotherapy

In PRIMA, HRd status was determined using the FDA-approved Myriad™ myChoice CDx as either t*BRCA*+ and/or GIS+ (GIS ≥42).[1,6]

*PRIMA included a starting dose of 200 mg or 300 mg depending on baseline body weight or platelet count (n=255). The study also included patients receiving a fixed starting dose of 300 mg once daily, regardless of body weight or platelet count (n=473).[1,6]

†Stage III and IV disease with visible residual tumor (>0 cm) after primary debulking surgery.[5]

Important Safety Information (continued)

Hematologic adverse reactions (thrombocytopenia, anemia and neutropenia) have been reported in patients receiving ZEJULA. In PRIMA, the overall incidence of Grade ≥3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 39%, 31%, and 21% of patients receiving ZEJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 4%, 2%, and 2% of patients. In patients who were administered a starting dose of ZEJULA based on baseline weight or platelet count, Grade ≥3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 22%, 23%, and 15% of patients receiving ZEJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 3%, 3%, and 2% of patients. Do not start ZEJULA until patients have recovered from hematological toxicity caused by prior chemotherapy (≤ Grade 1). Monitor complete blood counts weekly for the first month, monthly for the next 11 months, and periodically thereafter. If hematological toxicities do not resolve within 28 days following interruption, discontinue ZEJULA, and refer the patient to a hematologist for further investigations.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

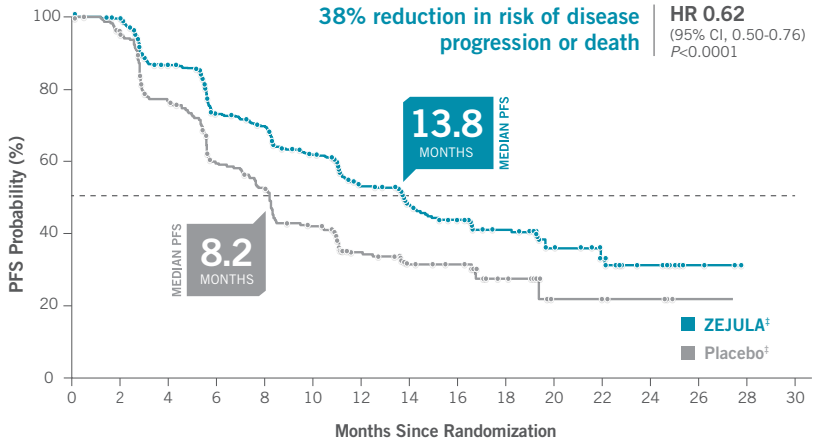
1L, first-line; *BRCA*, breast cancer susceptibility gene; *BRCA*+, *BRCA*-mutated; CI, confidence interval; GIS, genomic instability score; HR, hazard ratio; HRd, homologous recombination deficient; PFS, progression-free survival; t*BRCA*+, tumor *BRCA*-mutated.

ZEJULA significantly improved PFS in newly diagnosed patients who responded to platinum-based chemotherapy, regardless of biomarker status[1,2]

1 DAILY DOSE

Zejula niraparib capsules 100 mg

PFS IN THE OVERALL POPULATION (N=733)



No. at Risk															
ZEJULA	487	454	385	312	295	253	167	111	94	58	29	21	13	4	0
Placebo	246	226	177	133	117	90	60	32	29	17	6	6	4	1	0

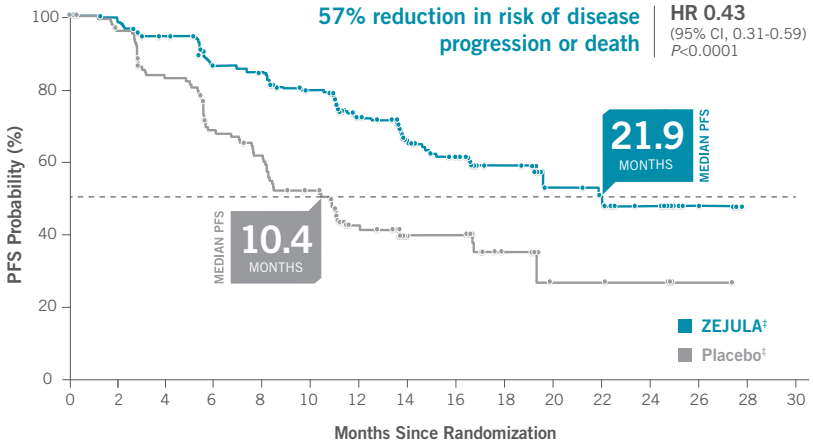
The overall population included[1]:

- ✓ **HRd, *BRCA*+**
- ✓ **HRd, *BRCA*–**
- ✓ **HRp, *BRCA*–**

‡Censored subjects are indicated by circles.

In the HRd population, ZEJULA doubled median PFS compared with placebo[1,2]

PFS IN THE HRd POPULATION (n=373, 51% OF OVERALL POPULATION)



No. at Risk															
ZEJULA	247	231	215	189	184	168	111	76	66	42	22	19	13	4	0
Placebo	126	117	99	79	70	57	34	21	21	11	5	5	4	1	0

‡Censored subjects are indicated by circles.

Important Safety Information (continued)

Hypertension and hypertensive crisis have been reported in patients receiving ZEJULA. In PRIMA, Grade 3-4 hypertension occurred in 6% of patients receiving ZEJULA vs 1% of patients receiving placebo, with no reported discontinuations. Monitor blood pressure and heart rate at least weekly for the first two months, then monthly for the first year, and periodically thereafter during treatment with ZEJULA. Closely monitor patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension. Manage hypertension with antihypertensive medications and adjustment of the ZEJULA dose, if necessary.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

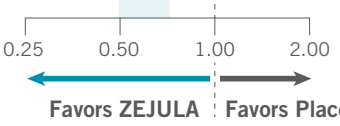
HR, hazard ratio; HRd, homologous recombination deficient; PFS, progression-free survival.

In patient subgroups with poor prognoses, a reduction in the risk of disease progression or death was observed with ZEJULA compared with placebo[1,2]

1 DAILY DOSE
Zejula
niraparib
capsules 100 mg

These prespecified subgroup analyses are exploratory in nature and were not powered to detect a statistically significant treatment effect; therefore, results should be interpreted with caution.

Patient Subgroup	Hazard Ratio for Disease Progression or Death (95% CI)	Median PFS (months) ZEJULA	Median PFS (months) Placebo
All patients (N=733)	0.62 (0.50-0.76)	13.8	8.2
Homologous recombination status			
***BRCA* mutation** (n=223, 30%)	0.40 (0.27-0.62)	22.1	10.9
No *BRCA* mutation, homologous recombination deficient (n=150, 20%)	0.50 (0.31-0.83)	19.6	8.2
Homologous recombination proficient (n=249, 34%)	0.68 (0.49-0.94)	8.1	5.4
Not determined (n=111, 15%)	0.85 (0.51-1.43)		
Stage of disease at initial diagnosis			
III (n=476, 65%)	0.54 (0.42-0.70)		
IV (n=257, 35%)	0.79 (0.55-1.12)		
Neoadjuvant chemotherapy			
Yes (n=489, 67%)	0.59 (0.46-0.76)		
No (n=244, 33%)	0.66 (0.46-0.94)		
Best response to platinum therapy			
Complete response (n=509, 69%)	0.60 (0.46-0.77)		
Partial response (n=224, 31%)	0.60 (0.43-0.85)		



At the time of the PFS analysis, limited overall survival data were available with 11% deaths in the overall population.[1]

Important Safety Information (continued)

Embryo-Fetal Toxicity and Lactation: Based on its mechanism of action, ZEJULA can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 6 months after receiving their final dose of ZEJULA. Because of the potential for serious adverse reactions from ZEJULA in breastfed infants, advise lactating women to not breastfeed during treatment with ZEJULA and for 1 month after receiving the final dose.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

ALT, alanine transaminase; AST, aspartate transaminase; *BRCA*, breast cancer susceptibility gene; CI, confidence interval; HRd, homologous recombination deficient; PFS, progression-free survival.

The safety and tolerability profile of ZEJULA is well characterized and consistent with previous clinical trial experience[1,2]

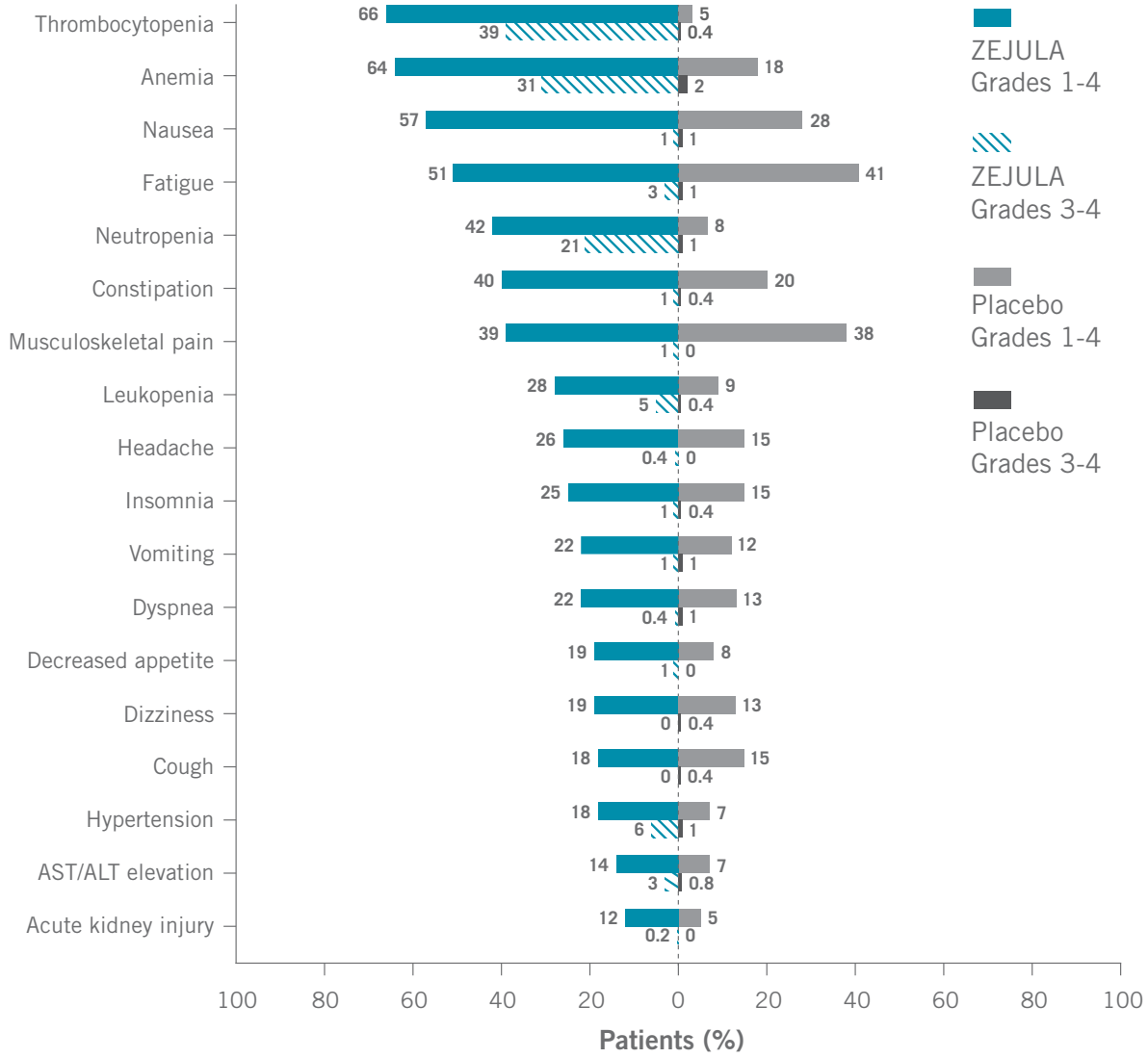
1 DAILY DOSE

Zejula niraparib capsules 100 mg

12% of patients discontinued treatment with ZEJULA due to adverse events[2,6]

Adverse reactions resulting in discontinuation of ZEJULA in >1% of patients included thrombocytopenia (3.7%), anemia (1.9%), and nausea and neutropenia (1.2% each)

ADVERSE DRUG REACTIONS REPORTED IN ≥10% OF ALL PATIENTS RECEIVING ZEJULA IN PRIMA[1]



Side effects of ZEJULA may be managed with dose interruption and modification[1,2]

- Adverse events led to dose interruptions or reductions in 80% of patients, most frequently from thrombocytopenia (56%), anemia (33%), and neutropenia (20%)
- No specific drug-drug interactions have been reported with ZEJULA*

Monitoring complete blood counts, blood pressure, and heart rate helps identify the need to dose modify[1]

BLOOD COUNTS

1X a week: 1st month | **1X a month:** Rest of year | **1X every 2-3 months:** After year 1†

BLOOD PRESSURE AND HEART RATE

1X a week: 1st and 2nd month | **1X a month:** Rest of year | **1X every 2-3 months:** After year 1†

*No clinical drug interaction studies have been performed with ZEJULA. †Monitor periodically. Schedule provided as an example.

Discover the convenience of ZEJULA dosing[1]

1 DAILY DOSE

Zejula niraparib capsules 100 mg

1X

ONCE-DAILY ORAL ADMINISTRATION

ANY TIME OF DAY*

WITH OR WITHOUT FOOD

***ZEJULA should be taken at approximately the same time each day.[1]**

Starting dose for 1L maintenance is based on baseline weight and platelet count[1]

STARTING DOSE

If baseline weight: <170 lb
or platelets: <150,000/µL

200 mg/day

FIRST DOSE REDUCTION:
100 mg/day

SECOND DOSE REDUCTION:
discontinue

If baseline weight: ≥170 lb
and platelets: ≥150,000/µL

300 mg/day

FIRST DOSE REDUCTION:
200 mg/day

SECOND DOSE REDUCTION:
100 mg/day

THIRD DOSE REDUCTION:
discontinue

Important Safety Information (continued)

The most common adverse reactions (Grades 1-4) in ≥10% of all patients who received ZEJULA in PRIMA were thrombocytopenia (66%), anemia (64%), nausea (57%), fatigue (51%), neutropenia (42%), constipation (40%), musculoskeletal pain (39%), leukopenia (28%), headache (26%), insomnia (25%), vomiting (22%), dyspnea (22%), decreased appetite (19%), dizziness (19%), cough (18%), hypertension (18%), AST/ALT elevation (14%), and acute kidney injury (12%).

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

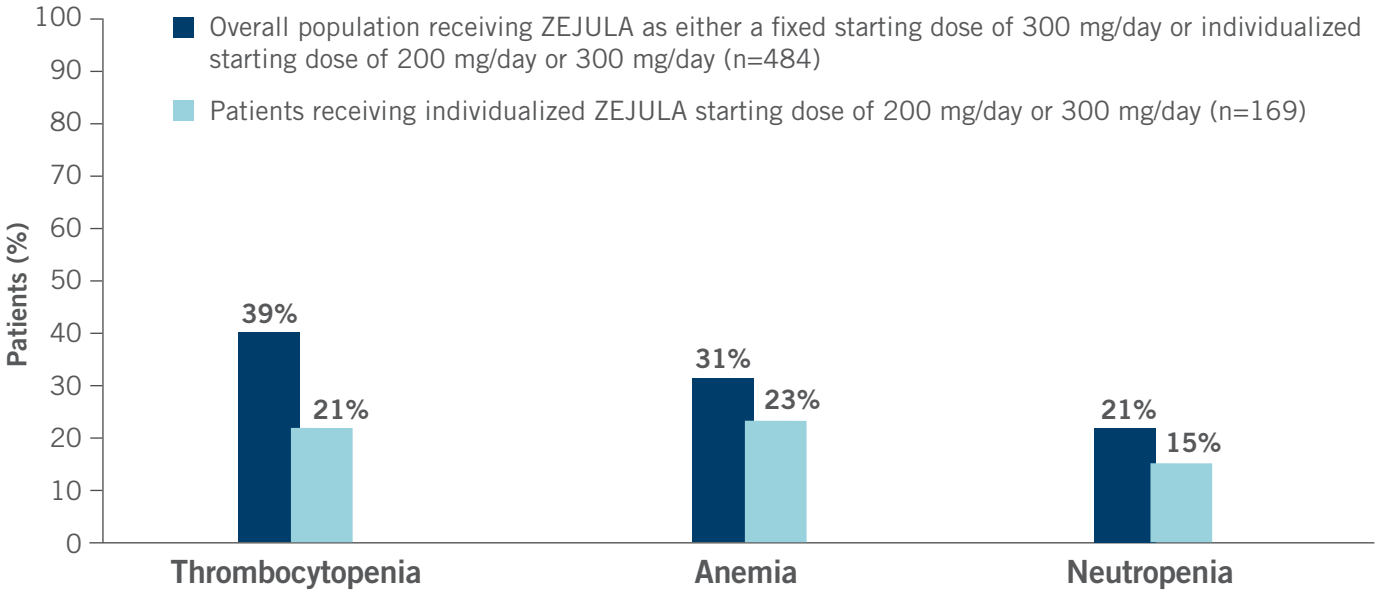
Lower rates of select hematologic adverse reactions were observed with an individualized starting dose[1]

PRIMA prospectively evaluated the safety and efficacy of an individualized starting dose of either 200 mg or 300 mg, selected based on baseline weight and platelet count, as well as a fixed starting dose of 300 mg

1 DAILY DOSE

Zejula niraparib capsules 100 mg

RATES OF SELECT GRADES 3-4 HEMATOLOGIC ADVERSE REACTIONS[1]



In PRIMA, patients in the overall and individualized populations experienced the same rates of Grades 3-4 leukopenia

The individualized starting dose was shown to be effective in exploratory subgroup analyses* and is the approved starting dose for ZEJULA in first-line maintenance[1]

HR 0.68 (95% CI, 0.48-0.97) in the overall population (n=258)

HR 0.39 (95% CI, 0.22-0.72) in the HRd population (n=130)

*These analyses are exploratory in nature, do not control for type 1 error, and are not powered to determine treatment effect in any subgroup.

Important Safety Information (continued)

Common lab abnormalities (Grades 1-4) in ≥25% of all patients who received ZEJULA in PRIMA included: decreased hemoglobin (87%), decreased platelets (74%), decreased leukocytes (71%), increased glucose (66%), decreased neutrophils (66%), decreased lymphocytes (51%), increased alkaline phosphatase (46%), increased creatinine (40%), decreased magnesium (36%), increased AST (35%) and increased ALT (29%).

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

1L, first-line; CI, confidence interval; HR, hazard ratio; HRd, homologous recombination deficient.

FOR 1L MAINTENANCE[1]

1 DAILY DOSE

Zejula niraparib capsules 100 mg

Proven efficacy regardless of biomarker status[1,2]

- **Overall population:** Median PFS of 13.8 months for ZEJULA vs 8.2 months for placebo (HR 0.62; 95% CI, 0.50-0.76)
- **HRd population:** Median PFS of 21.9 months for ZEJULA vs 10.4 months for placebo (HR 0.43; 95% CI, 0.31-0.59)

Extends PARP inhibitor therapy to more women[1-4]

- No companion diagnostic required to initiate 1L therapy
- Biomarker testing may provide useful prognostic information and inform hereditary risk

✓ HRd, *BRCA*+ | ✓ HRd, *BRCA*– | ✓ HRp, *BRCA*–

1X Convenient, once-daily, oral monotherapy[1]

Well-characterized safety profile[1,2,6]

- 12% discontinuation rate due to adverse events
- Lower rates of select grade 3-4 hematologic adverse reactions observed with an individualized starting dose

Select Important Safety Information
Summary of Warnings and Precautions

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML), including some fatal cases, was reported in 15 patients (0.8%) out of 1785 patients treated with ZEJULA monotherapy in clinical trials. The duration of therapy in patients who developed secondary MDS/cancer therapy-related AML varied from 0.5 months to 4.9 years. These patients had received prior chemotherapy with platinum agents and/or other DNA-damaging agents including radiotherapy. Discontinue ZEJULA if MDS/AML is confirmed.

Hematologic adverse reactions (thrombocytopenia, anemia and neutropenia) have been reported in patients receiving ZEJULA. In PRIMA, the overall incidence of Grade ≥3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 39%, 31%, and 21% of patients receiving ZEJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 4%, 2%, and 2% of patients. In patients who were administered a starting dose of ZEJULA based on baseline weight or platelet count, Grade ≥3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 22%, 23%, and 15% of patients receiving ZEJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 3%, 3%, and 2% of patients. Do not start ZEJULA until patients have recovered from hematological toxicity caused by prior chemotherapy (≤ Grade 1). Monitor complete blood counts weekly for the first month, monthly for the next 11 months, and periodically thereafter. If hematological toxicities do not resolve within 28 days following interruption, discontinue ZEJULA, and refer the patient to a hematologist for further investigations.

Hypertension and hypertensive crisis have been reported in patients receiving ZEJULA. In PRIMA, Grade 3-4 hypertension occurred in 6% of patients receiving ZEJULA vs 1% of patients receiving placebo, with no reported discontinuations. Monitor blood pressure and heart rate at least weekly for the first two months, then monthly for the first year, and periodically thereafter during treatment with ZEJULA. Closely monitor patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension. Manage hypertension with antihypertensive medications and adjustment of the ZEJULA dose, if necessary.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

1L, first-line; *BRCA*, breast cancer susceptibility gene; *BRCA*+, *BRCA*-mutated; *BRCA*–, not *BRCA*-mutated; CI, confidence interval; HR, hazard ratio; HRd, homologous recombination deficient; HRp, homologous recombination proficient; PARP, poly (ADP-ribose) polymerase; PFS, progression-free survival.

References: 1. ZEJULA (niraparib). Prescribing Information. GlaxoSmithKline; 2020. **2.** González-Martín A, Pothuri B, Vergote I, et al; for the PRIMA/ENGOT-OV26/GOG-3012 Investigators. Niraparib in patients with newly diagnosed advanced ovarian cancer. *N Engl J Med.* 2019;381(25):2391-2402. **3.** Lynparza (olaparib). Prescribing Information. AstraZeneca Pharmaceuticals LP; 2020. **4.** Rubraca (rucaparib). Prescribing Information. Clovis Oncology, Inc; 2020. **5.** Data on file. 2020N435433_00. GlaxoSmithKline. **6.** González-Martín A, Pothuri B, Vergote I, et al; for the PRIMA/ENGOT-OV26/GOG-3012 Investigators. Niraparib in patients with newly diagnosed advanced ovarian cancer [supplementary appendix]. *N Engl J Med.* 2019;381(25):2391-2402.

NRPLBND200021 August 2020
Produced in USA. 0002-0008-67