

Regimen Reference Order – GYNE – niraparib

ARIA: GYNE – [niraparib]

Planned Course: Maintenance after 1st line chemotherapy:
Once daily until disease progression or unacceptable toxicity, up to a maximum of 3 years (1 cycle = 28 days)
OR
Maintenance after chemotherapy for relapsed disease:
Once daily until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Ovarian Cancer, Maintenance Therapy

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Treatment Regimen – GYNE – niraparib

Drug	Dose	CCMB Administration Guideline
niraparib	200 mg*	Orally once daily with or without food Swallow whole (Self-administered at home)

* A starting dose of 300 mg may be prescribed at the Gyne-Oncologist's discretion for patients with baseline weight 77 kg or more AND baseline platelets equal to or greater than $150 \times 10^9/L$

*For patients whose starting dose is 200 mg once daily, dose may be escalated to 300 mg once daily only at Gyne-Oncologist's discretion if no treatment interruption or dose reduction was required during the first 2 cycles of therapy

niraparib (ZEJULA®) available dosage strength: 100 mg tablet

Classification: Cytotoxic, Hazardous

REQUIRED MONITORING

Blood pressure and heart rate

- Weekly for Cycles 1 and 2, then
- Monthly for 1 year, then
- As clinically indicated thereafter

Cycle 1

Day 1

- CBC, serum creatinine, urea, electrolytes including magnesium and potassium, liver enzymes, total bilirubin and glucose as per Physician Orders

Days 8, 15 and 22

- CBC

Cycle 2 and Onwards

Day 1

- CBC, serum creatinine, urea, electrolytes including potassium and magnesium, liver enzymes, total bilirubin and glucose as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

INSTRUCTIONS FOR PATIENT

- Instruct patient to continue taking anti-emetic(s) at home
- Contact clinic if nausea/vomiting is not adequately controlled. Taking niraparib at bedtime may reduce risk of nausea and vomiting
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on niraparib

ADDITIONAL INFORMATION

- niraparib can rarely cause Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML). Monitor for prolonged cytopenia
- niraparib may be teratogenic. Women of childbearing potential should use effective contraception while on niraparib
- niraparib can cause hypertension and, in rare cases, hypertensive crisis
- niraparib will be dispensed by CCMB Pharmacy