

14 September 2022

IMPORTANT PRESCRIBING INFORMATION

Subject: ZEJULA® (niraparib) for the treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 or more prior chemotherapy regimens is voluntarily withdrawn in the U.S.

Dear Health Care Provider,

This letter is to inform you about an important change to the ZEJULA (niraparib) United States Prescribing Information (USPI) for the **treatment** of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD) positive status. The letter is an update to the DHCP letter dated September 2022

Indications

GSK has voluntarily withdrawn the ZEJULA indication for the **treatment** of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD) positive status.

This decision was made in consultation with the U.S. Food and Drug Administration (FDA) and based on a totality of information from PARP inhibitors in the late line **treatment** setting in ovarian cancer. A potential detrimental effect on overall survival was observed with other (non-GSK) PARP inhibitors in two independent randomized, active-controlled clinical trials conducted in a *BRCA* mutant 3L+ advanced ovarian cancer population.

The approval of ZEJULA for this indication was based on the QUADRA Study (NCT02354586), a single-arm study which evaluated the safety and efficacy of niraparib for the **treatment** of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD) positive status. Given the setting of the QUADRA trial (single arm, uncontrolled nature), no comparative overall survival information can be obtained from the study, and it is difficult to assess any potential effect of ZEJULA on time to event endpoints. There were no new safety findings observed.

Revision to the ZEJULA USPI resulting from this withdrawal became effective on September 14, 2022.

Note: this change does not apply to any other ZEJULA indications including the following for which the USPI remains unchanged:

- 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 recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

Prescriber Action

Physicians should not initiate new treatment with ZEPJULA in the **treatment** indication of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 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 6 months after response to the last platinum-based chemotherapy.

Physicians who are currently treating patients with ZEPJULA for this indication are asked to share this information with those patients so that they can make an informed decision regarding their ongoing care.

Reporting Adverse Events

Health care providers and patients are encouraged to report adverse events in patients taking ZEPJULA to GSK at 1-888-825-5249. You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Contact for Further Information or Questions

You may contact our medical information department at 1-877-GSK-MI4U (6448) if you have any questions about the information contained in this letter or the safe and effective use of ZEPJULA. This letter is not intended as a complete description of the benefits and risks related to the use of ZEPJULA. Please refer to the enclosed full Prescribing Information.

Sincerely,

Sabine Luik, MD
Chief Medical Officer (CMO) and SVP Global Medical Regulatory & Quality
GSK

Enclosure: ZEPJULA Prescribing Information