

Regimen Monograph

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A - Regimen Name

ABIRNIRPPRED Regimen

Abiraterone-Niraparib-Prednisone

Disease Site Genitourinary
Prostate

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses For the treatment of metastatic castration-resistant prostate cancer (mCRPC) in patients with a BRCA mutation

Refer to EAP criteria for funding details.

Supplementary [niraparib / abiraterone](#)

Public Funding Exceptional Access Program (niraparib / abiraterone - For the treatment of metastatic castration resistant prostate cancer in patients with a BRCA mutation) ([EAP Website](#))

prednisone

ODB - General Benefit (prednisone) ([ODB Formulary](#))

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B - Drug Regimen

Patients should continue to receive a GnRH agonist unless they have had prior bilateral orchiectomy.

niraparib / abiraterone *	200 mg / 1000 mg	PO	Daily
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*Available as a combination product with 100 mg niraparib / 500 mg abiraterone, or 50 mg niraparib / 500 mg abiraterone per tablet

prednisone	10 mg	PO	Daily
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C - Cycle Frequency**CONTINUOUS TREATMENT**

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate – Consider prophylaxis daily

- Also refer to [CCO Antiemetic Recommendations](#).

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

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J - Administrative Information

Outpatient prescription for home administration

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K - References

CADTH reimbursement recommendation. Niraparib-abiraterone (Akeega). February 2024.

Chi KN, Sandhu S, Smith MR, et al. Niraparib plus abiraterone acetate with prednisone in patients with metastatic castration-resistant prostate cancer and homologous recombination repair gene alterations: second interim analysis of the randomized phase III MAGNITUDE trial. *Ann Oncol* 2023 Sep;34(9):772-82.

March 2025 Updated EAP funding (niraparib/abiraterone)

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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