Rubraca® (rucaparib) is now reimbursed in Spain as a first-line maintenance treatment for all eligible women with advanced ovarian cancer

Intended for the Media

Vienna, Austria, November 7, 2024 – pharmaand GmbH (pharma&) announced today that Rubraca® (rucaparib) has been granted funding in Spain as a monotherapy for the maintenance treatment of all women with advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer (FIGO stages III and IV) that is fully or partially responsive to first-line platinum-based chemotherapy.

"The reimbursement of rucaparib as a first-line maintenance treatment for eligible women by the interministerial Commission on Drug Prices (CIPM) marks a vital step forward in the treatment landscape of advanced ovarian cancer," said Frank Rotmann, Founder and Managing Director of pharma&. "Eligible women in Spain can now be offered rucaparib earlier in their treatment journey, which may prolong the time they have without their cancer progressing."

The announcement follows the European Commission (EC) marketing authorization for rucaparib as a first-line maintenance treatment in November 2023. The authorization was granted based on the results from the ATHENA-MONO comparison within the Phase 3 randomized, double-blind ATHENA study (GOG 3020/ENGOT-ov45) (NCT03522246), which demonstrated that rucaparib significantly improved investigator-assessed progression-free survival compared with placebo in women, regardless of their *BRCA* mutation status. The safety profile observed in the ATHENA-MONO trial is consistent with all prior rucaparib studies.

The reimbursement of rucaparib in Spain is a significant milestone that provides an additional first-line maintenance treatment option for all eligible women with advanced ovarian cancer," said Dr. Ana Oaknin, Head of the Gynecologic Cancer Program at Vall d'Hebron Institute of Oncology (VHIO) Medical Oncology Department, Vall d´Hebron University Hospital. "This decision represents a significant advancement in our ongoing efforts to improve outcomes for patients facing this devastating disease."

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Rucaparib European Union (EU), including Northern Ireland, authorized use and Important Safety Information

Rubraca is indicated as monotherapy for the maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

Rucaparib is indicated as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.

Efficacy of rucaparib as treatment for relapsed or progressive epithelial ovarian cancer (EOC), fallopian tube cancer (FTC), or primary peritoneal cancer (PPC) has not been investigated in patients who have received prior treatment with a PARP inhibitor. Therefore, use in this patient population is not recommended.

Summary warnings and precautions:

Hematological toxicity

During treatment with rucaparib, events of myelosuppression (anemia, neutropenia, thrombocytopenia) may be observed and are typically first observed after 8–10 weeks of treatment with rucaparib. These reactions are manageable with routine medical treatment and/or dose adjustment for more severe cases. Complete blood count testing prior to starting treatment with rucaparib and monthly thereafter is advised. Patients should not start rucaparib treatment until they have recovered from hematological toxicities caused by previous chemotherapy (< CTCAE grade 1).

Supportive care and institutional guidelines should be implemented for the management of low blood counts for the treatment of anemia and neutropenia. Rucaparib should be interrupted, or dose reduced according to Table 1 (see Posology and Method of Administration [4.2] of the Summary of Product Characteristics [SmPC]), and blood counts monitored weekly until recovery. If the levels have not recovered to CTCAE grade 1 or better after four weeks, the patient should be referred to a hematologist for further investigations.

MDS/AML

MDS/AML, including cases with fatal outcomes, have been reported in patients who received rucaparib. The duration of therapy with rucaparib in patients who developed MDS/AML varied from less than 2 months to approximately 6 years.

If MDS/AML is suspected, the patient should be referred to a hematologist for further investigations, including bone marrow analysis and blood sampling for cytogenetics. If, following investigation for prolonged hematological toxicity, MDS/AML is confirmed, rucaparib should be discontinued.

Photosensitivity

Photosensitivity has been observed in patients treated with rucaparib. Patients should avoid spending time in direct sunlight because they may burn more easily during rucaparib treatment; when outdoors, patients should wear a hat and protective clothing and use sunscreen and lip balm with sun protection factor of 50 or greater.

Gastrointestinal toxicities

Gastrointestinal toxicities (nausea and vomiting) are frequently reported with rucaparib and are generally low grade (CTCAE grade 1 or 2) and may be managed with dose reduction (refer to Posology and Method of Administration [4.2], Table 1 of the SmPC) or interruption. Antiemetics, such as 5-HT3 antagonists, dexamethasone, aprepitant, and fosaprepitant, can be used as treatment for nausea/vomiting and may also be considered for prophylactic (i.e., preventative) use prior to starting rucaparib. It is important to proactively manage these events to avoid prolonged or more severe events of nausea/vomiting, which have the potential to lead to complications such as dehydration or hospitalization.

Intestinal obstruction

Cases of intestinal obstruction have been observed in ovarian cancer patients treated with rucaparib in clinical trials; 3.5% of patients treated with rucaparib experienced a serious event of intestinal obstruction, with a fatal outcome in 1 rucaparib treated patient (less than 0.1%). The underlying disease may play a role in the development of intestinal obstruction in patients with ovarian cancer. In the event of suspected intestinal obstruction, a prompt diagnostic evaluation should be conducted, and the patient

should be treated appropriately.

Embryofetal toxicity

Rucaparib can cause fetal harm when administered to a pregnant woman based on its mechanism of action and findings from animal studies. In an animal reproduction study, administration of rucaparib to pregnant rats during the period of organogenesis resulted in embryo-fetal toxicity at exposures below those in patients receiving the recommended human dose of 600 mg twice daily (see Preclinical Safety Data [5.3] of the SmPC).

Pregnancy/contraception

Pregnant women should be informed of the potential risk to a fetus. Women of reproductive potential should be advised to use effective contraception during treatment and for six months following the last dose of rucaparib (see section 4.6 of the SmPC). A pregnancy test before initiating treatment is recommended in women of reproductive potential.

Excipients
This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say, essentially 'sodium-free.'

Click here to access the current EU SmPC (including for Northern Ireland).

Healthcare professionals should report any suspected adverse reactions via their national reporting systems. For medical information inquiries outside of the U.S., contact pharma& at medinfo@pharmaand.com.

About the ATHENA Clinical Trial

ATHENA (GOG 3020/ENGOT-ov45) (NCT03522246) is an international, randomized, double-blind, phase III trial consisting of two separate and fully independently powered study comparisons evaluating rucaparib monotherapy (ATHENA-MONO) and rucaparib in combination with nivolumab (ATHENA-COMBO) as maintenance treatment for patients with newly diagnosed advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer. ATHENA enrolled approximately 1000 patients across 24 countries, all women with newly diagnosed ovarian cancer who responded to their first-line chemotherapy. The trial completed accrual in 2020 and was conducted in association

with the GOG Foundation, Inc. (GOG-F) in the U.S. and the European Network of Gynaecological Oncological Trial groups (ENGOT) in Europe. GOG-F and ENGOT are the two largest cooperative groups in the U.S. and Europe dedicated to the treatment of gynecological cancers.

ATHENA-MONO is evaluating the benefit of rucaparib monotherapy versus placebo in 538 women in this patient population. The primary efficacy analysis evaluated two prospectively defined molecular sub-groups in a step-down manner: 1) HRD-positive (inclusive of BRCA mutant) tumors, and 2) the intent-to-treat population, or all patients treated in ATHENA-MONO.

The ATHENA-COMBO portion of the trial is evaluating the magnitude of benefit of adding nivolumab to rucaparib monotherapy in the ovarian cancer first-line maintenance treatment setting.

About Ovarian Cancer

In 2022, the Global Cancer Observatory (GLOBOCAN) estimated that over 69,000 women in Europe are diagnosed each year with ovarian cancer1, and ovarian cancer is among those cancers with the highest rate of deaths.2 In Spain, it is estimated that 1,979 women died from ovarian cancer in 2021, and approximately 3,584 new cases were diagnosed during 2023.3 The median age at diagnosis is approximately 63 years.3

Despite recent advances in the therapeutic landscape of newly diagnosed ovarian cancer, advanced ovarian cancer is still considered incurable for the majority of patients, and the optimal treatment strategy has yet to be determined.4 Currently, more than 75% of women are diagnosed with ovarian cancer at an advanced stage,5 and even though most respond initially to treatment, 80% of patients will have a recurrence and require subsequent therapies.6

About pharma&

pharmaand GmbH (pharma&), a privately owned global company, aspires to breathe new life into proven medicines. The Company is dedicated to preserving the availability and fostering the further development of essential medicines worldwide to leave no patient behind. Over the past five years, pharma& has acquired and integrated 10+ medicines, expanding its portfolio across a wide range of therapy areas, with an increasing focus on hematology and oncology treatments. The Company's unique synthesis of subsidiaries, joint ventures, and partners enables pharma& to provide its

portfolio of medicines to eligible patients worldwide by spanning the continuum of development, product and API manufacturing, partner distribution, healthcare provider engagement, distribution and services to patients.

pharma& cautions that any forward-looking statements or projections made, including those made in this announcement, are subject to risks and uncertainties that may cause actual results to differ materially from those projected. pharma& does not undertake to update or revise any forward-looking statements.

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