Rubraca® (rucaparib) is Recommended by NICE as a First-Line Maintenance Treatment for Eligible Women With *BRCA*-Mutation Negative Advanced Ovarian Cancer

Intended for the Healthcare Media

Vienna, Austria, February 21, 2025 – pharmaand GmbH (pharma&) announced today that the National Institute of Health and Care Excellence (NICE) has published on February 19 the Final Draft Guidance recommending the use of Rubraca® (rucaparib) in England, Wales and Northern Ireland as an option for the maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer. This is after complete or partial response to first-line platinum-based chemotherapy in adults, only if: it is *BRCA* mutation-negative and homologous recombination deficiency (HRD)-positive, or it is *BRCA* mutation-negative, and HRD status is negative or unknown, and bevacizumab is not a treatment option because NHS England's BEV3 and BEV10 commissioning approval criteria for having it are not met, or it is contraindicated or not tolerated.[1]

"Today's decision marks a significant step forward for women with advanced ovarian cancer in England, Wales and Northern Ireland," said Frank Rotmann, Founder and Managing Director, pharma&. "We are committed to ensuring that all eligible patients are able to access and to potentially benefit from rucaparib."

Currently, only one in three women diagnosed with ovarian cancer in the United Kingdom (UK) survive their disease for 10 years or more.[2] Ovarian cancer is the sixth most common cause of cancer-related death among women in the UK.[2] Between 2017-2019, Cancer Research UK estimated that over 7,500 women received a new diagnosis of ovarian cancer[2], with more than 75% of women diagnosed at an advanced stage.[3]

"The availability of rucaparib for eligible *BRCA*-mutation negative patients is a significant milestone and provides an additional treatment option that has been shown to improve progression-free survival and reduce the risk of disease progression," said Prof. Iain McNeish, Imperial College London, London, UK. "This decision represents an advance in our ongoing effort to improve outcomes for patients facing advanced ovarian cancer."

"Ovacome is delighted that rucaparib has been made available as a first-line maintenance treatment for eligible patients with advanced high-grade-epithelial ovarian, fallopian tube or primary peritoneal cancer, without a *BRCA* mutation and regardless of being HRD positive or negative, which accounts for 75% of ovarian

cancer cases,[5]" said Victoria Clare, CEO of Ovacome. "Following chemotherapy, those who are living with ovarian cancer need treatment options, and this decision is very positive news for eligible patients, giving them and the clinicians treating them another important treatment option."

The reimbursement of rucaparib follows approval from the Medicines and Healthcare products Regulatory Agency (MHRA) in January 2024, and is based on results of the international, randomized, double-blind, phase III ATHENA (GOG 3020/ENGOT-ov45) (NCT03522246) trial. The ATHENA-MONO arm of the trial evaluated rucaparib monotherapy as a maintenance treatment for 538 patients with newly diagnosed advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer. In the ATHENA-MONO arm of the trial, rucaparib significantly improved investigator-assessed progression-free survival (PFS) compared with placebo in women[6]. The safety profile observed in the ATHENA-MONO trial was consistent with both the current U.S. and European licenses for rucaparib.

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Rucaparib Medicines and Healthcare products Regulatory Agency (MHRA) authorized use and Important Safety Information

Rucaparib 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 special 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.

Myelodysplastic syndrome (MDS)/acute myeloid leukemia (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 NPM-GLB-06-01/24 clothing and use sunscreen and lip balm with sun protection factor (SPF) 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 NPM-GLB-06-01/24 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 MHRA SmPC.

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.

About Ovarian Cancer in the United Kingdom

Ovarian cancer is the sixth most common cause of cancer-related death among women in the UK. Between 2017-2019, Cancer Research UK estimated that 7,500 women received a new diagnosis of ovarian cancer[2], and approximately 4,100 women died from ovarian cancer[2]. According to Globocan, ovarian cancer is among those cancers with the highest rate of deaths, and more than 75% of women are diagnosed with ovarian cancer at an advanced stage[4]. Currently, only one in three women diagnosed with ovarian cancer in the UK survive their disease for 10 years or more[2].

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.[6]

About pharma& (pharmaand.com)

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& holds the worldwide rights for Rubraca®.

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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[6] Monk BJ et al. A Randomized, Phase III Trial to Evaluate Rucaparib Monotherapy as Maintenance Treatment in Patients With Newly Diagnosed Ovarian Cancer (ATHENA-MONO/GOG-3020/ENGOT-ov45). J Clin Oncol. 2022 Dec 1;40(34):3952-3964.