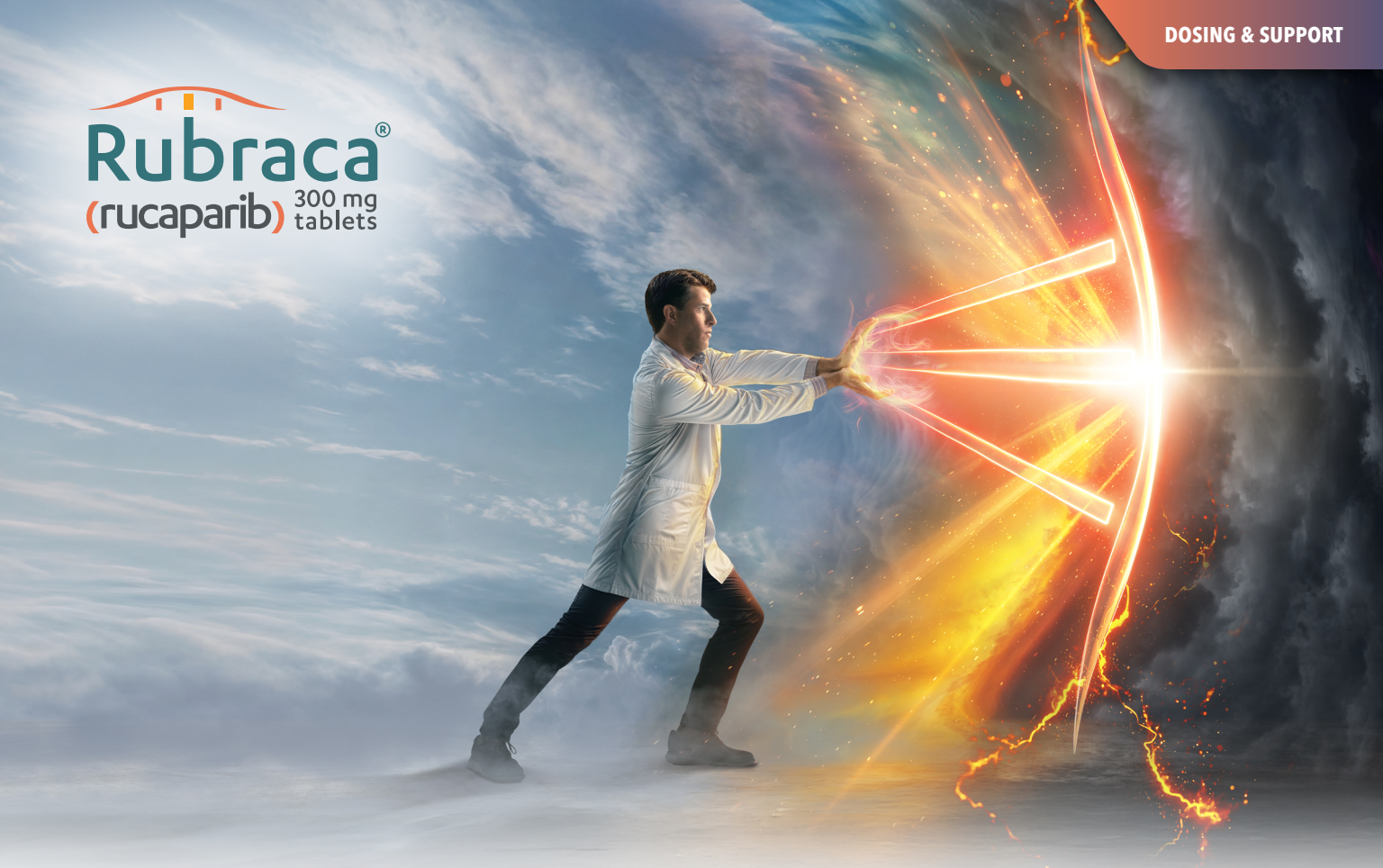
Rubraca®
(rucaparib) 300 mg tablets



THE SHIELD AGAINST PROGRESSION IN mCRPC

Enhance your ability to fight *BRCA*-mutated mCRPC at its core with RUBRACA[1]

RUBRACA is the ONLY PARPi that can be used as a monotherapy following ANY androgen receptor-directed therapy and a taxane-based chemotherapy[1-4]*

*Patients should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

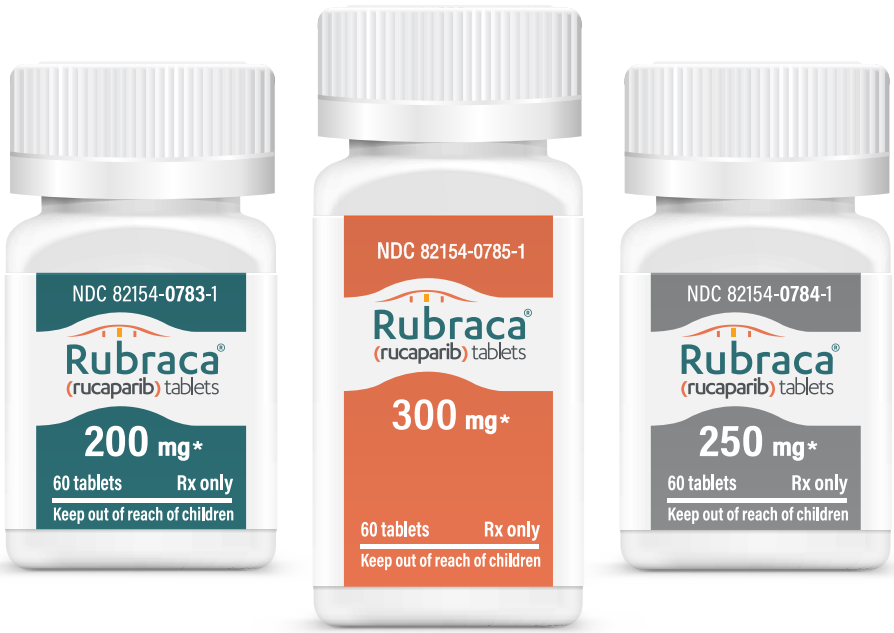
BRCA, BReast CAncer gene; mCRPC, metastatic castration-resistant prostate cancer; PARPi, poly (adenosine diphosphate-ribose) polymerase inhibitor.

INDICATION

RUBRACA® (rucaparib) is indicated for the treatment of adult patients with a deleterious *BRCA* mutation (germline and/or somatic)-associated metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA.

This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Please see Important Safety Information throughout and full Prescribing Information.



TAKE CONTROL OF mCRPC WITH TWICE-DAILY ORAL DOSING[1]

The recommended dose of RUBRACA is 600 mg (two 300-mg tablets)

- Can be taken twice daily with or without food, for a total daily dose of 1,200 mg
- Continue treatment with RUBRACA until disease progression or unacceptable toxicity
- Patients receiving RUBRACA for mCRPC should also receive a GnRH analog concurrently or should have had bilateral orchiectomy

RUBRACA IS THE ONLY PARPi THAT CAN BE USED AS A MONOTHERAPY FOLLOWING ANY ANDROGEN RECEPTOR-DIRECTED THERAPY AND A TAXANE-BASED CHEMOTHERAPY[1-4]*

*Patients should also receive a GnRH analog concurrently or should have had bilateral orchiectomy.

SELECT IMPORTANT SAFETY INFORMATION

Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML) occur in patients treated with RUBRACA, and are potentially fatal adverse reactions. In 1594 treated patients with ovarian cancer, MDS/AML occurred in 32 patients (2%), including those in long term follow-up. Of these, 14 occurred during treatment or during the 28-day safety follow-up (0.9%). The duration of RUBRACA treatment prior to the diagnosis of MDS/AML ranged from < 2 months to approximately 72 months. The cases were typical of secondary MDS/cancer therapy-related AML; in all cases, patients had received previous platinum-containing chemotherapy regimens and/or other DNA damaging agents.

Please see additional Important Safety Information throughout and full Prescribing Information.

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OTHER DOSING CONSIDERATIONS FOR RUBRACA[1]

To manage adverse reactions (ARs), consider interrupting treatment or reducing dose

Recommended RUBRACA Dosing Modifications for Managing ARs

Dose reduction	Dose
Starting dose	600 mg twice daily (two 300-mg tablets)
First dose reduction	500 mg twice daily (two 250-mg tablets)
Second dose reduction	400 mg twice daily (two 200-mg tablets)
Third dose reduction	300 mg twice daily (one 300-mg tablet)

Dose interruptions due to an AR occurred in 57% of patients receiving RUBRACA

- ARs requiring dose interruption in >3% of patients included anemia, thrombocytopenia, asthenia/fatigue, nausea, vomiting, neutropenia, ALT/AST increased, creatinine increased, decreased appetite, acute kidney injury, and hypophosphatemia

Dose reductions due to an AR occurred in 41% of patients receiving RUBRACA

- ARs requiring dose reductions in >3% of patients were anemia (14%), asthenia/fatigue (10%), thrombocytopenia (7%), nausea (6%), decreased appetite (4%), and rash (3%)

Missed dose

- If a patient misses a dose of RUBRACA, instruct the patient to take the next dose at the next scheduled time. Vomited doses should not be replaced

Drug–drug interactions

- RUBRACA may interact with certain CYP1A2, CYP3A, CYP2C9, or CYP2C19 substrates

Please refer to the full Prescribing Information for more dosing details.

SELECT IMPORTANT SAFETY INFORMATION (CONTINUED)

In ARIEL3, of patients with a germline and/or somatic *BRCA* mutation treated with RUBRACA, MDS/AML occurred in 9 out of 129 (7%) patients treated with RUBRACA and 4 out of 66 (6%) patients treated with placebo. The duration of therapy with RUBRACA in patients who developed secondary MDS/cancer therapy-related AML varied from 1.2 to 4.7 years.

In TRITON2, MDS/AML was not observed in patients with mCRPC (n=209) regardless of homologous recombination deficiency (HRD) mutation.

Please see additional Important Safety Information throughout and full Prescribing Information.

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COMPREHENSIVE SUPPORT IS AVAILABLE FOR YOUR PATIENTS

Programs offered for RUBRACA can help navigate treatment

QUICKSTART PROGRAM

- Helps patients start RUBRACA if they experience coverage delays regardless of income or insurance. Eligible patients receive a 15-day supply of RUBRACA for up to 60 days (2 months) while coverage is pending or until alternate funding resources have been identified and approved

COVERAGE LINK PROGRAM

- Provides a free supply of RUBRACA in 15-day increments (up to 90 days) for eligible patients who experience a change in commercial insurance status, which includes changing to a new insurer following a job change or switching plans during an employer's annual enrollment period

RUBRACA CO-PAY ASSISTANCE PROGRAM

- As little as $0 co-pay program for eligible patients with private or commercial insurance who are prescribed RUBRACA

PATIENT ASSISTANCE PROGRAM (PAP)

- Available for eligible patients who are uninsured or cannot afford medication

TERMS & CONDITIONS FOR THE pharma& CO-PAY PROGRAM

- This offer is only available to patients with commercial insurance. The program is not available for patients who receive reimbursement under any federal, state or government-funded insurance programs, including patients who: (i) are enrolled in Medicare, Medicare Advantage, Medigap, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program; (ii) are not using insurance coverage at all; (iii) are enrolled in an insurance plan that reimburses for the entire cost of the drug; or (iv) where product is not covered by patient's insurance
- The value of this program is exclusively for the benefit of patients and is intended to be credited toward patient out-of-pocket obligations, including applicable co-payments, coinsurance, and deductibles. You agree that you are personally responsible for paying any amount of co-pay required after the savings card is applied
- May not be available if your insurance company or health plan implements either an accumulator adjustment or co-pay maximizer program. Patient is responsible for complying with any applicable limitations and requirements of his/her health plan related to the use of the program. The program may not be used if prohibited by a patient's health insurer
- Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. This program may not be combined with any other financial assistance program, free trial, discount, rebate, coupon, or other offer
- Program is not valid where prohibited by law. Valid only in the United States and Puerto Rico. This program is not health insurance
- pharma& reserves the right to make eligibility determinations and to rescind, revoke, or amend the program and discontinue support at any time without notice
- For complete information about the Terms & Conditions of this program, including the limitations on use and the amount of assistance, go to www.RubracaProstateHCP.com or call 1-844-779-7707

These Terms & Conditions are effective as of 01/01/2025.

Please see full Terms & Conditions for the Co-Pay Program and all other access programs at www.RubracaProstateHCP.com/access-and-support.

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INCREMENTAL

Provide personalized support with IncreMENtal

IncreMENtal is the only habit-building program to support patients with prostate cancer and their caregivers as they build a healthier lifestyle. Fully online courses have:

- **Easy-to-follow food, fitness, and mental health tips**
- **Personal progress tracking to help set and keep goals**
- **Comprehensive information in a simple, digestible format**
- **New weekly information to help change habits step by step**

Learn more at IncreMENtalADT.com

RESOURCES ARE AVAILABLE FOR YOU AND YOUR PATIENTS

FIND HELPFUL GUIDES AND SUPPORT FOR YOUR PROSTATE CANCER PATIENTS AT RubracaProstateHCP.com

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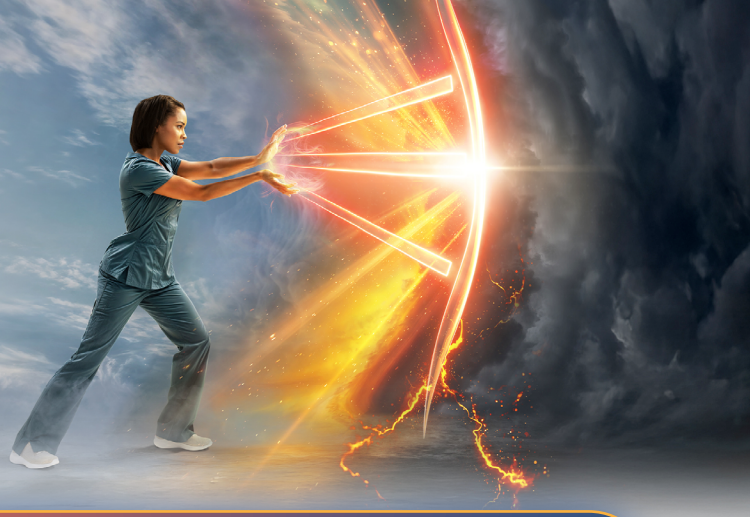

LEARN MORE ABOUT THE RUBRACA DIFFERENCE AT RubracaProstateHCP.com

SELECT IMPORTANT SAFETY INFORMATION (CONTINUED)

Do not start RUBRACA until patients have recovered from hematological toxicity caused by previous chemotherapy (≤ Grade 1). Monitor complete blood counts for cytopenia at baseline and monthly thereafter for clinically significant changes during treatment. For prolonged hematological toxicities (> 4 weeks), interrupt RUBRACA or reduce dose and monitor blood counts weekly until recovery. If the levels have not recovered to Grade 1 or less after 4 weeks or if MDS/AML is suspected, refer the patient to a hematologist for further investigations, including bone marrow analysis and blood sample for cytogenetics. If MDS/AML is confirmed, discontinue RUBRACA.

Based on findings from genetic toxicity and animal reproduction studies, RUBRACA can cause fetal harm. Advise male patients with female partners of reproductive potential or who are pregnant to use effective methods of contraception during treatment and for 3 months following last dose of RUBRACA. Advise male patients not to donate sperm during therapy and for 3 months following the last dose of RUBRACA.

Most common adverse reactions of patients with *BRCA*-mutated mCRPC in TRITON2 (≥ 20%; Grade 1-4) were fatigue/asthenia (62%), nausea (52%), anemia (43%), AST/ALT elevation (33%), decreased appetite (28%), rash (27%), constipation (27%), thrombocytopenia (25%), vomiting (22%), and diarrhea (20%).

Concomitant administration of RUBRACA with CYP1A2, CYP3A, CYP2C9, or CYP2C19 substrates can increase the systemic exposure of these substrates, which may increase the frequency or severity of adverse reactions of these substrates. If concomitant administration is unavoidable between RUBRACA and substrates of these enzymes where minimal concentration changes may lead to serious adverse reactions, decrease the substrate dosage in accordance with the approved prescribing information.

If concomitant administration with warfarin (a CYP2C9 substrate) cannot be avoided, consider increasing the frequency of international normalized ratio (INR) monitoring.

For medical information inquiries within the U.S., contact pharma& at medinfo.us@pharmaand.com.

You may report adverse events to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Alternatively, to report an adverse event or reaction, contact pharma& by calling 1-800-506-8501 or emailing pv@pharmaand.com.

To report a product complaint, contact pharma& at complaints@pharmaand.com.

Please see full Prescribing Information.

References: 1. RUBRACA (rucaparib). Prescribing Information. pharma& Schweiz GmbH. 2023. **2.** Lynparza (olaparib). Prescribing Information. AstraZeneca Pharmaceuticals LP. 2023. **3.** Akeega (niraparib and abiraterone acetate). Prescribing Information. Janssen Biotech, Inc. 2023. **4.** Talzenna (talazoparib). Prescribing Information. Pfizer Inc. 2024.

tolmar

The individuals pictured in this piece are models, and the images are being used for illustrative purposes only.