U.S. FDA Grants Approval to Rubraca® (rucaparib) for the Treatment of Chemotherapy-Naïve *BRCA 1/2*-Mutated Metastatic Castration-Resistant Prostate Cancer

- FDA regular approval is based on the positive results of TRITON3, a Phase 3, multicenter, open-label, randomized clinical trial of Rubraca® (rucaparib) in chemotherapy-naïve metastatic castration-resistant prostate cancer (mCRPC) patients
- This approval makes rucaparib an earlier treatment option for eligible mCRPC patients[1]

Intended for the Healthcare Media

Vienna, Austria, and Buffalo Grove, Ill., December 19, 2025 – pharmaand GmbH (pharma&) announced today that the U.S. Food and Drug Administration (FDA) has approved Rubraca® (rucaparib) for the treatment of patients with a deleterious *BRCA 1/2* mutation (germline and/or somatic)-associated metastatic castration-resistant prostate cancer (mCRPC) previously treated with an androgen receptor-directed therapy. Patients should be selected for therapy using an FDA-approved companion diagnostic. The updated indication supported by the sNDA allows patients with *BRCA*-mutated mCRPC to be treated with Rubraca prior to receiving treatment with a taxane-based chemotherapy.[1] The approval was granted in advance of the PDUFA target action date of January 12, 2026.

"This important milestone means Rubraca can reach eligible patients with metastatic castration-resistant prostate cancer earlier in their treatment journey," said Frank Rotmann, Co-Founder and Managing Director of pharma&. "This expanded indication for rucaparib in the U.S. is another step in pharma&'s vision to breathe new life into proven medicines, and in our mission to foster the further development of those medicines. We look forward to supporting Tolmar as they launch Rubraca in this new mCRPC indication."

Under an exclusive agreement with pharma&, Tolmar is responsible for promoting Rubraca in the U.S. for the treatment of mCRPC.

"The Phase 3 clinical trial (TRITON3) shows rucaparib is the only PARP inhibitor monotherapy to show benefit in this patient population, with rucaparib against a comparator that contains docetaxel," said Anil D'Souza, CEO of Tolmar Inc. "This earlier indication is hopeful news for patients, and we are committed to bring Rubraca to more eligible metastatic castration-resistant prostate cancer patients across the U.S."

This approval was based on the results from the TRITON3 study (NCT02975934), a Phase 3, multicenter, open-label, randomized trial of rucaparib in chemotherapy-naïve mCRPC patients. The study enrolled 405 patients with a mutation in *BRCA* (302 patients) or *ATM* (103 patients) who were randomized to rucaparib or the control group, which consisted of physician's choice of docetaxel, abiraterone acetate, or enzalutamide. Approximately 55% of the patients in the control arm received docetaxel. The primary endpoint was radiographic progression-free

survival (rPFS) by independent radiology review (IRR), in patients with mutations in *BRCA1, BRCA2* or *ATM*. TRITON3 was designed as a Phase 3 trial to confirm and expand the efficacy data from TRITON2 in an earlier treatment setting in mCRPC against a relevant control arm. Patients were selected for therapy based on an FDA-approved companion diagnostic for rucaparib.

Prostate cancer is the most diagnosed cancer in U.S. men, with an estimated 313,780 new cases diagnosed in 2025.[2] Approximately 10 to 20 percent of patients progress to castration-resistant prostate cancer, an incurable disease, within five years of diagnosis.[3] The vast majority have metastases at diagnosis or develop metastases within two years.[3] Of these, an estimated 13% have *BRCA*-mutated mCRPC,[4] a disease characteristic associated with a poor prognosis.[5] Men with mCRPC and the presence of a germline *BRCA2* mutation, a prognostic marker, have more aggressive disease and poorer survival.[6] While less common in prostate cancer, germline mutations in *BRCA1* are also associated with more aggressive disease[6]. mCRPC generally responds to initial androgen deprivation therapy.[7] However, most patients will inevitably develop treatment resistance.[7]

Rubraca® (rucaparib) U.S. Prostate Cancer FDA-Approved 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. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA.

SELECT IMPORTANT SAFETY INFORMATION

Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML) occur in patients treated with RUBRACA, and are potentially fatal adverse reactions. In 2141 treated patients with ovarian and prostate cancer, MDS/AML occurred in 34 patients (1.6%), including those in long term follow-up. Of these, 14 occurred during treatment or during the 28-day safety follow-up (0.7%).

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.

In ARIEL3, of patients with ovarian cancer associated with a germline and/or somatic BRCA mutation who were 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 TRITON3, MDS/AML occurred in 2 out of 201 patients (1%) with a BRCA mutation treated with RUBRACA. The duration of therapy with RUBRACA in patients who developed secondary MDS/cancer therapy-related AML varied from 1.4 to 2.3 years.

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 treated with RUBRACA in TRITON3 (≥10%, Grade 1-4) were fatigue/asthenia (61%), musculoskeletal pain (53%), nausea (51%), decreased appetite (34%), diarrhea (31%), constipation (31%), vomiting (25%), dyspnea (19%), dysgeusia (18%), edema (18%), abdominal pain (17%), dizziness (16%), weight decreased (16%), rash (13%), headache (12%), peripheral neuropathy (12%), photosensitivity reaction (12%), and urinary tract infection (10%).

Most common select laboratory abnormalities of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON3 (≥ 25%, Grade 1-4) were increased ALT (68%), decreased neutrophils (67%), decreased phosphate (64%), decreased hemoglobin (60%), increased AST (59%), increased creatinine (56%), increased glucose (45%), decreased lymphocytes (43%), decreased sodium (35%), decreased platelets (34%), and increased calcium (29%).

Most common adverse reactions of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON2 (≥ 20%; Grade 1-4) were fatigue/asthenia (62%), nausea (52%), decreased appetite (28%), rash (27%), constipation (27%), vomiting (22%), and diarrhea (20%).

Most common laboratory abnormalities of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON2 (≥ 35%; Grade 1-4) were increased ALT (69%), decreased leukocytes (69%), decreased phosphate (68%), decreased absolute neutrophil count (62%),decreased hemoglobin (59%), increased alkaline phosphatase (44%), increased creatinine (43%), decreased lymphocytes (42%), increased triglycerides (42%), decreased platelets (40%), and decreased sodium (38%).

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.

Full Prescribing Information available at: https://www.rubracahcp.com.

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& at pv@pharmaand.com.

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

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. Since its inception, pharma& has acquired and integrated 10+ high-need specialty therapeutics, expanding its portfolio across a wide range of therapy areas, with an increasing focus on hematology and oncology treatments. pharma& provides its portfolio of medicines to eligible patients worldwide by spanning the continuum of research and development, in-house product and active pharmaceutical ingredient (API) manufacturing, distribution via its global partner network, healthcare provider engagement, patient safety services, and patient access services.

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.

About Tolmar Inc. (tolmar.com)

Tolmar is a fully integrated specialty pharmaceutical company focused on the development, manufacturing, and commercialization of specialty pharmaceuticals across multiple therapeutic areas, including Oncology, Urology, and Endocrinology. Tolmar's product development and manufacturing facilities are based in Northern Colorado, and its executive offices and commercial headquarters are based in Buffalo Grove, Illinois.

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