pharma& Announces Rubraca® (rucaparib) Global Success and Expansion Q1 2026 Update

Intended for the Healthcare Media

Vienna, Austria, March 4, 2026 – pharmaand GmbH (pharma&) announced today Q1 2026 Rubraca® (rucaparib) expansion and reimbursement updates in Norway and Belgium.

"Recent reimbursement decisions in Norway and Belgium mark important progress as pharma& continues to expand global access to rucaparib," said Elmar Zagler, Co-Founder and Managing Director of pharma&. "These developments mean that more eligible patients in additional regions worldwide will now have the opportunity to benefit from rucaparib treatment."

Norway Reimbursement for First[1]- and Second-Line[2] Maintenance Treatment
Rucaparib is available for prescription in Norway, effective February 1, 2026, as a monotherapy for maintenance treatment of adult patients with advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer that has a response (complete or partial) after completion of first-line platinum-based chemotherapy[1], or who respond (complete or partial) to platinum-based chemotherapy.[2]

GHN Pharma Nordic AB distributes and promotes rucaparib in the Nordics, including Norway.

Belgium First-Line Maintenance Treatment Reimbursement[3]
Also, in 2025, Rucaparib received reimbursement in Belgium as a monotherapy for the maintenance treatment of adults with newly diagnosed advanced (FIGO stage III or IV) high-grade epithelial carcinoma of the ovary, fallopian tube or primary peritoneal carcinoma with a complete or partial response following first-line platinum-based chemotherapy in the case of a beneficiary with a tumor with confirmed serous or endometroid high-grade histology, and in whom the first line treatment based on a platinum was completed no more than 8 weeks earlier. This approval follows the mutually agreed-upon stipulations within local reimbursement policies.[3]

BioteqPartner B.V. promotes rucaparib in Belgium.

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

Rubraca® (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 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.

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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.

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References

1 Nye Metoder, "Rucaparib (Rubraca) Monotherapy for maintenance treatment of adults with advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer that has a response (complete or partial) after completion of first-line platinum-based chemotherapy." Available at: https://www.nyemetoder.no/metoder/rucaparib-rubraca-indikasjon-ii/ Accessed February 2026

2 Nye Metoder, "Rucaparib (Rubraca) Monotherapy for maintenance treatment of adults with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer that has a response (complete or partial) to platinum-based chemotherapy." Available at: https://www.nyemetoder.no/metoder/rucaparib-rubraca/ Accessed February 2026

3 National Institute for Health and Disability Insurance, "Rucaparib," Available at: https://webappsa.riziv-inami.fgov.be/ssp/ProductSearch Accessed February 2026