# Rubraca Enrollment and Comprehensive Support Form

Rubraca® (rucaparib) tablets

**We recommend completely filling out each section of the form that is applicable to you as circumstances may change. A complete form may prevent coverage delays.**

## Fax completed form to 1-844-779-7717. Questions? Call 1-844-779-7707.

◯ New Application ◯ Already sent to specialty pharmacy, applying for services

## Rubraca Connections Comprehensive Support Programs (select all that apply below)*

### Insurance Related Programs

◯ Prior Authorization and Appeal Direction, Education

◯ **Benefit Investigation only—DO NOT forward to a specialty pharmacy (SP)**

◯ QuickStart Program

◯ Coverage Link Program (Change in Commercial Coverage)

### Financial Assistance

◯ Rubraca Co-pay Assistance Program

◯ Patient Assistance Program

### Resources for You

◯ Clovis4YOU™ Text Message Support Program. By checking off this resource, you will receive a text message to begin enrollment within the program

◯ Rubraca Patient Starter Kit

◯ Clovis Oncology Practice Experience Manager personalized support

◯ Co-pay Foundation Notification

**All programs and support are subject to eligibility requirements.*

## A PATIENT INFORMATION

Patient name *(first and last)* _____

Patient Medical Record # _____ Maintenance Patient? ◯ Yes ◯ No

Date of birth *(mm/dd/yyyy)* _____ Age _____ Gender ◯ M ◯ F Last Four of SSN _____

Address _____

City _____ ZIP _____ State _____

Home phone _____ Cell phone _____ E-mail _____

Language assistance required? ◯ No ◯ Yes *(please specify language)* _____

Care Partner name *(first and last)* _____ Care Partner phone _____

## B INSURANCE INFORMATION

**Fill out and attach legible front/back copy of patient's pharmacy benefit card.**

*(The card that the patient shows at the pharmacy to fill medications. May cause delay if not provided.)*

Do you have any form of prescription drug coverage? ◯ Yes ◯ No

If yes, please provide information on all plans :

*Proof of denial for Rubraca coverage may be required.*

Insurer _____ Plan Name _____ Policy Number _____

Secondary Insurer _____ Plan Name _____ Policy Number _____

BIN Number _____ ◯ Patient states they have no insurance

Other ◯ VA or TRICARE ◯ Medicaid *(State)* ◯ Medicare Part D *(Payer Name)* _____

SS "Extra Help" ◯ Yes ◯ No

How much of your annual household income have you spent on Rx drugs, if known? $ _____

**Please see Select Important Safety Information on pages 4 and 5.**

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## C RUBRACA CONNECTIONS PATIENT ASSISTANCE PROGRAM (PAP)

**If the patient is uninsured or cannot afford medication and would like to apply for the Rubraca Connections Patient Assistance Program (PAP), please complete below. The patient application may be subject to audit or request for additional information. Proof of denial for Rubraca coverage may be required.**

Yearly gross household income $ _____ Household size _____

*(Before taxes and expenses)* *(Patient, Spouse, and Dependents on tax return)*

Rubraca Connections policy prohibits prescribers from charging the patient any fee for enrollment or other activities associated with the patient's participation in the Rubraca Connections Patient Assistance Program. No claim may be made to any third-party payer (eg, Medicaid, Medicare, private insurance, etc) for payment for product provided under the Rubraca Connections Patient Assistance Program (PAP). Patients may not seek reimbursement from their Part D plan or any other insurer for the free product they receive through the PAP.

Product may not be used for resale, returned for credit, or shared with other patients. Clovis reserves the right to rescind, revoke, or change the program at any time without notice. Visit RubracaConnections.com for complete Terms and Conditions and eligibility criteria.

***Note:*** *If the patient does not provide a signature below, consent will be acquired at a later stage for enrollment in the Rubraca Connections Patient Assistance Program.*

Free drugs are provided to Medicare Part D patients outside of the Medicare Part D benefit. Free product received will not count toward the patient's Medicare true-out-of-pocket (TrOOP) expenses for prescription drugs.

◯ I certify that I will not seek reimbursement or credit for this prescription from any insurer, health plan, or government program, including Medicare and Medicaid.

## D PATIENT PROGRAM CONSENT

**All patients must read the following and provide a signature to use Rubraca Connections.**

I authorize my healthcare providers, health plans and pharmacies (collectively, "Healthcare Organizations") to use and share my personal health information (PHI) related to my medical condition and Rubraca therapy (my "PHI") with Clovis Oncology and their agents, third-party contractors or their service providers authorized to administer its patient support programs ( "Rubraca Connections") (i) for reimbursement assistance, (ii) for referral to and enrollment in patient support and/or financial assistance programs, (iii) for providing me with materials and information about my treatment or other programs related to my drug therapy and enrolling me in such programs as I request, (iv) to contact me for market research purposes about Rubraca and Rubraca Connections, (v) to improve Rubraca Connections quality of operations, or (vi) as required or permitted by law. I authorize Rubraca Connections, Clovis and their agents, third-party contractors or their service providers authorized to administer the program to use my name, date of birth, and address to estimate my income in conjunction with the eligibility determination process and/or additional demographic information to access my credit information and information derived from public and other sources to estimate my income in conjunction with the eligibility determination process. I understand that, once disclosed pursuant to this authorization, my PHI may no longer be protected under federal or state law and could be disclosed by Rubraca Connections to others, but I understand that Rubraca Connections will make reasonable efforts to keep it private and to disclose it only for the purpose set forth in this authorization. I understand that my pharmacy may receive payment from Clovis Oncology in connection with (i) the disclosure of my health information to Rubraca Connections for purposes allowed under this authorization, including but not limited to market research purposes and (ii) the use of my PHI to communicate with Clovis Oncology products or services. I understand that my authorization is voluntary and my healthcare providers, health plans and pharmacies may not base my treatment, payment for treatment, enrollment or eligibility for benefits, on whether I sign this authorization. However, if I don't sign this authorization, it may affect my ability to enroll in Rubraca Connections. I understand that this authorization will remain valid for 5 years after the date of my signature or such earlier date as required by applicable law, unless I revoke it earlier by canceling my enrollment, which I may do by writing to PO Box 7613, Overland Park, KS 66207 at any time. I understand that my cancellation will not apply to any use or disclosure of my health information by my healthcare providers, health plans or pharmacies before they receive notice of my cancellation.

Patient signature *(required)* _____ Date _____

Verbal consent obtained by _____

Print patient first and last name _____

Legal representative first and last name *(if patient is unable to sign)* _____

*If signed by someone other than the patient, please describe your legal authority/power of attorney to sign on behalf of the patient (eg, guardian, custodian, healthcare power of attorney).*

_____

**Please see Select Important Safety Information on pages 4 and 5.**

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## E PRESCRIBER INFORMATION

Prescriber name _____ E-mail _____

Practice/Facility name _____ 340B Facility ◯ Yes # _____ ◯ No ◯ Unknown

NPI # _____ DEA# _____

Address _____

City _____ ZIP _____ State _____

Office contact _____

Phone _____ Fax _____ E-mail _____

Financial Counselor *(if known)* _____

Phone _____ E-mail _____

◯ Use my practice's In-Office Dispensary (IOD) (***DO NOT*** *forward to specialty pharmacy)*

◯ Ship to same address as Facility

◯ Ship to different address _____

◯ We may prefer specialty pharmacy in Rubraca Network *(specialty pharmacy name)* _____

◯ No specialty pharmacy preference

## F DIAGNOSIS AND PRESCRIPTION

**Complete the Rubraca prescription in the space provided below or attach separately.**

Patient name *(first and last)* _____ Date of birth *(mm/dd/yyyy)* _____

◯ Ovarian Cancer Diagnosis *(provide ICD-10 code)* _____

◯ Prostate Cancer Diagnosis *(provide ICD-10 code)* _____

**Drug: Rubraca** ◯ DAW *(dispense as written)*

Dosage ◯ 300 mg ◯ 250 mg ◯ 200 mg Days supply ◯ 30 days Quantity _____ Refills _____

**The Rubraca Connections QuickStart Program**

Dosage ◯ 300 mg ◯ 250 mg ◯ 200 mg Days supply ◯ 15 days Quantity _____ Refills *(3 max)* _____

**Directions for use**

The recommended starting dose and schedule for Rubraca is 600 mg taken orally twice daily. If your patient misses a dose of Rubraca, instruct them to take their next dose at their usual scheduled time. Your patient should not take an extra dose to make up for a missed dose.

**Prescriber Directions for use**

MD/NP/PA Signature _____ Date _____

I have determined that Rubraca is medically appropriate for the treatment of the patient and authorize Rubraca Connections to convey the attached prescription on my behalf to the selected specialty pharmacy or in-office dispensary and to receive information on the status and related matters.

**Please see Select Important Safety Information on pages 4 and 5.**

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## G QUICKSTART PROGRAM

**The Rubraca Connections QuickStart Program helps patients start Rubraca if they experience delays, regardless of income or insurance. Eligible patients receive 15 days' supply of product for up to 60 days (2 months) during the pendency of insurance coverage investigations or alternate funding resources. The following terms and conditions apply:**

- Patients must meet diagnosis and coverage criteria to be eligible. **Check if your state requires a separate prescription for the Rubraca Connections QuickStart Program.** Eligible patients may receive supply of product for up to 60 days only, in 15-day increments, if a coverage issue persists during that time period. No purchase is necessary. Product may not be used for resale or shared with other patients or billed to any insurance carrier. Patients may contact 1-844-779-7707 to find out if they are eligible for this program. Clovis reserves the right to change the terms and conditions of the program or terminate the program without notice.

QuickStart Delivery ◯ Patient Home ◯ Prescriber Office

Visit RubracaConnections.com for complete Terms and Conditions and eligibility criteria.

## H COVERAGE LINK PROGRAM

**The Rubraca Connections Coverage Link Program (Change in Commercial Coverage) 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.**

Prescriber signature _____ Date _____



## What is Rubraca used for?

Rubraca is a prescription medicine used in adults for:

- the maintenance treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer whose cancer has come back and who are in response (complete or partial response) to a platinum-based chemotherapy
- the treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer who have certain "*BRCA*" gene mutations, either inherited (germline) or acquired (somatic), and who have been treated with 2 or more chemotherapy medicines for their cancer. Your healthcare provider will perform a test to make sure Rubraca is right for you
- the treatment of castration-resistant prostate cancer (prostate cancer that no longer responds to medical or surgical treatment that lowers testosterone):
  - that has spread to other parts of the body, and
  - has a certain type of inherited (germline) or acquired (somatic) abnormal *BRCA* gene, and you have been treated with certain medicines for your cancer

Rubraca was approved based on response rate and how long patients' responses lasted. There are ongoing studies to confirm the clinical benefit of Rubraca. Your healthcare provider will perform a test to make sure Rubraca is right for you.

It is not known if Rubraca is safe and effective in children.

**Please see additional Select Important Safety Information on next page.**

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## What Warnings should I know about Rubraca?

Rubraca tablets may cause serious side effects including bone marrow problems called Myelodysplastic Syndrome (MDS) or a type of cancer of the blood called Acute Myeloid Leukemia (AML). Some people who have ovarian cancer and who have received previous treatment with chemotherapy or certain other medicines for their cancer have developed MDS or AML during or after treatment with Rubraca, although MDS or AML was not observed in men with prostate cancer during the clinical study. MDS or AML may lead to death. If you develop MDS or AML, your healthcare provider will stop treatment with Rubraca.

## You should not use Rubraca if:

- You are pregnant or plan to become pregnant. Rubraca can harm your unborn baby and may cause loss of pregnancy (miscarriage). You should not become pregnant during treatment with Rubraca
  - If you are able to become pregnant, your healthcare provider may do a pregnancy test before you start treatment with Rubraca
  - Females who are able to become pregnant should use effective birth control during treatment and for at least 6 months after receiving the last dose of Rubraca
  - Talk to your healthcare provider about birth control methods that may be right for you
  - Tell your healthcare provider right away if you become pregnant
- You are breastfeeding or plan to breastfeed. It is not known if Rubraca passes into breast milk. Do not breastfeed during treatment and for 2 weeks after the last dose of Rubraca. Talk to your healthcare provider about the best way to feed your baby during this time

If you are a male with a female partner who is pregnant or able to become pregnant, effective birth control should be used during treatment and for 3 months after the last dose of Rubraca. Do not donate sperm during use and for 3 months after the last dose of Rubraca.

## What other important information should I know about Rubraca?

Your healthcare provider will do blood tests before, and every month during treatment with Rubraca to monitor your blood cell counts. Weekly blood tests will be performed if you have low blood cell counts for a long time. Your healthcare provider may stop treatment with Rubraca until your blood cell counts improve.

Avoid spending time in sunlight while on Rubraca since your skin may become more sensitive to the sun and may sunburn more easily. You should wear a hat and clothes that cover your skin and use sunscreen to help protect against sunburn if you have to be in the sunlight.

## What are the side effects of Rubraca?

The most common side effects for women in the Rubraca clinical studies were nausea, tiredness/weakness, stomach pain, rash, altered taste, decrease in hemoglobin, changes in liver or kidney function blood tests, constipation, vomiting, diarrhea, decrease in platelets, upper respiratory tract infection, mouth sores, decreased appetite, shortness of breath, and decrease in white blood cell count.

The most common side effects for men in Rubraca clinical studies were weakness/fatigue, nausea, decreased red blood cell count, changes in liver function tests, decreased appetite, constipation, rash, decreased platelet count, vomiting, and diarrhea.

## What other medications might interact with Rubraca?

Rubraca can increase the amounts of other medications you may be taking which can increase the risk of side effects. Tell your healthcare provider about all of your medical conditions and all medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Clovis Oncology, Inc. at 1-415-409-7220 (US toll) or 1-844-CLVS-ONC (1-844-258-7662; US toll-free).

**Please see additional Select Important Safety Information on previous page.**

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Please see full
Prescribing Information: