

# Rubraca (rucaparib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Rubraca (rucaparib)	May be subject to quantity limit

## APPROVAL CRITERIA

Requests for Rubraca (rucaparib) may be approved if the following criteria are met:

- I. Individual has one of the following diagnosis (Label, NCCN 1, 2A):
  - A. Recurrent ovarian cancer, including, epithelial, fallopian tube, or primary peritoneal cancer;

**OR**

  - B. Deleterious *BRCA* mutation associated with recurrent ovarian cancer, including epithelial, fallopian tube, or primary peritoneal cancer;

**AND**
- II. Individual has a complete or partial response to platinum-based chemotherapy; **AND**
- III. Individual is receiving as maintenance therapy; **AND**
- IV. Individual is using as a single agent;

**OR**

- V. Individual has a diagnosis of ovarian cancer, including epithelial, ovarian, or primary peritoneal (NCCN 2A); **AND**
  - A. Individual is using as a single agent for maintenance therapy; **AND**
  - B. Individual meets one of the following:
    1. Individual has a germline or somatic *BRCA* mutation-positive disease;

**AND**

    2. Individual is in complete or partial response following primary therapy including bevacizumab (or bevacizumab biosimilars);

**OR**

    3. Individual is in complete or partial response following primary therapy;

**OR**

- VI. Individual has a diagnosis of pancreatic adenocarcinoma (NCCN 2A); **AND**
  - A. Individual is using for metastatic disease with germline or somatic *BRCA* 1/2 or *PALB2* mutations; **AND**
  - B. Individual is using as a single agent for maintenance therapy; **AND**
  - C. Individual has an ECOG performance status of 0-2; **AND**
  - D. Individual has no disease progression following the most recent platinum-based chemotherapy;

**OR**

- VII. Individual has a diagnosis of metastatic castration-resistant prostate cancer (mCRPC) with a deleterious BRCA mutation (germline and/or somatic) (Label, NCCN 1, 2A); **AND**
- A. Individual had been treated with androgen-receptor directed therapy including but not limited to abiraterone, Xtandi, Nubeqa, or Erleada and a taxane-based chemotherapy; **AND**
  - B. Individual is using a gonadotropin-releasing hormone (GnRH) analog (e.g. Lupron (leuprolide), Zoladex (goserelin), Trelstar (triptorelin), Vantas (histrelin), Firmagon (degarelix) concurrently or have had a bilateral orchiectomy; **AND**
  - C. Individual is using as a single agent;

**OR**

- VIII. Individual has a diagnosis of advanced, recurrent/metastatic or inoperable uterine neoplasms (NCCN 2A);
- A. Individual is using as a single agent; **AND**
  - B. Individual has germline or somatic BRCA mutation; **AND**
  - C. Individual is using as second-line or subsequent therapy.

**Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 30, 2025.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 30, 2025.
  - a. Pancreatic Adenocarcinoma. V2.2025. Revised April 30, 2024.
  - b. Prostate Cancer. V2.2025. Revised April 16, 2025.
  - c. Ovarian Cancer. V2.2025. Revised May 23, 2025.
  - d. Uterine Neoplasms. V3.2025. Revised March 7, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.