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5.21.087

1, 2017
1, 2024

Rubraca

Description

Rubraca (rucaparib)

Background

Rucaparib is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, including PARP-1, PARP-2, and PARP-3, which (when uninhibited) play a role in DNA repair. In vitro studies have shown that rucaparib-induced cytotoxicity may involve inhibition of PARP enzymatic activity and increased formation of PARP-DNA complexes resulting in DNA damage, apoptosis, and cell death. Increased rucaparib-induced cytotoxicity was observed in tumor cell lines with deficiencies in *BRCA* 1/2 (*BRCA* mutations) and other DNA repair genes (1).

Regulatory Status

FDA-approved indications: Rubraca is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated (1):

- 1. Ovarian cancer
 - a. For the maintenance treatment of adult patients with a deleterious *BRCA* mutation (germline and/or somatic)-associated recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.
- 2. Prostate cancer
 - a. 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.

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Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML) can occur in patients exposed to Rubraca. Monitor patients for hematological toxicity at baseline and monthly thereafter (i.e., monitor complete blood count testing at baseline and monthly thereafter). Discontinue if MDS/AML is confirmed or until disease progression or unacceptable toxicity (1).

Rubraca can cause fetal harm when administered to a pregnant woman based on its mechanism of action and findings from animal studies. Advise females of reproductive potential to use effective contraception during treatment and for 6 months following the last dose of Rubraca. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with Rubraca and for 3 months following the last dose (1).

The safety and effectiveness of Rubraca in pediatric patients have not been established (1).

Related policies

Akeega, Lynparza, Zejula

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Rubraca may be considered medically necessary if the conditions indicated below are met.

Rubraca may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer
 - a. Deleterious BRCA mutation
 - b. Complete or partial response to platinum-based chemotherapy
 - c. Used as maintenance treatment

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- 2. Metastatic castration-resistant prostate cancer (mCRPC)
 - a. Deleterious BRCA mutation as detected by an FDA-approved test
 - b. Previous treatment with androgen receptor-directed therapy and a taxane-based chemotherapy
 - c. Patient has had a bilateral orchiectomy **OR** patient will be receiving a gonadotropin-releasing hormone (GnRH) analog concurrently

AND ALL of the following for ALL indications:

- 1. Prescriber agrees to do a complete blood count (CBC) at baseline and then monthly thereafter
- 2. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for 6 months after the last dose
- 3. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for 3 months after the last dose

Prior – Approval Renewal Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer
- 2. Metastatic castration-resistant prostate cancer (mCRPC)

AND ALL of the following for **ALL** indications:

- 1. Prescriber agrees to monitor complete blood counts (CBCs) monthly
- 2. NO disease progression or unacceptable toxicity
- 3. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for 6 months after the last dose
- 4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for 3 months after the last dose

Policy Guidelines

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Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity
200 mg	
250 mg	360 tablets per 90 days
300 mg	

Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Rubraca is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, including PARP-1, PARP-2, and PARP-3, which (when uninhibited) play a role in DNA repair. MDS/AML occurred in patients exposed to Rubraca, therefore monthly testing for hematological toxicity is required during treatment with Rubraca (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Rubraca while maintaining optimal therapeutic outcomes.

References

Policy History

- 1. Rubraca [Package Insert]. Vienna, Austria: zr pharma& GmbH; June 2023.
- 2. NCCN Drugs & Biologics Compendium[®] Rucaparib 2023. National Comprehensive Cancer Network, Inc. Accessed on October 12, 2023.

Date	Action
January 2017	Addition to PA
March 2017	Annual review

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June 2017	Annual review
September 2017	Annual review
	Addition of quantity limits
May 2018	Addition of the diagnosis of recurrent epithelial ovarian, fallopian tube, or
h	primary peritoneal cancer to criteria
June 2018	Annual review
March 2019	Annual review
June 2020	Addition of indication: metastatic castration-resistant prostate cancer
	(mCRPC). Also revised ovarian cancer indications. Added contraception
	agreement requirement for male patients with female partners of
	reproductive potential
September 2020	Annual review
September 2021	Annual editorial review and reference update. Added requirement that the
	prostate cancer BRCA mutation must be confirmed by an approved FDA
	laboratory test
July 2022	Per PI update, removed indication of BRCA-positive epithelial ovarian,
	fallopian tube, or primary peritoneal cancer. Revised quantity limits chart so
	the strengths are set together for ease of patient dose adjustment
September 2022	Annual review and reference update
January 2023	Per PI update, added deleterious BRCA mutation to recurrent epithelial
	ovarian, fallopian tube, or primary peritoneal cancer indication
March 2023	Annual review and reference update
December 2023	Annual review and reference update
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 8, 2023 and is effective on January 1, 2024.