Applicable Drugs: Rubraca (rucaparib)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/9/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to IV are met.)

I. Documentation of one of the following diagnoses A and B AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Ovarian Cancer

i. Documentation of ONE of the following:

1. Recurrent epithelial ovarian cancer
2. Recurrent fallopian tube cancer
3. Recurrent primary peritoneal cancer

ii. Documentation of a deleterious BRCA mutation (germline and/or somatic)

iii. Documentation of complete or partial response to platinum-based chemotherapy (ex: carboplatin or cisplatin-based chemotherapy regimen)

iv. Rubraca will be used as a single agent for maintenance therapy

v. Minimum age requirement: 18 years old

B. Prostate Cancer

i. Documentation of metastatic castration-resistant prostate cancer (mCRPC)

ii. Documentation of deleterious BRCA mutation (germline and/or somatic)

iii. Patient has been previously treated with

1. At least one androgen receptor-directed therapy (ex: abiraterone, Xtandi [enzalutamide], Nubeqa [darolutamide], or Erleada [apalutamide], etc.), and
2. At least one taxane-based chemotherapy (ex. docetaxel, Jevtana [cabazitaxel], etc.)

iv. Patient meets ONE of the following (1 or):

1. Akeega will be used in concurrently with a gonadotropin-releasing hormone (GnRH) analog (ex: leuprolide acetate, Lupron Depot

[leuprolide acetate intramuscular injection], Eligard [leuprolide acetate injectable suspension], Firmagon (degarelix acetate subcutaneous injection, etc.), OR

2. Patient has had a bilateral orchiectomy

v. Minimum age requirement: 18 years old

Other Uses With Supportive Evidence

C. Pancreatic cancer

D. Uterine sarcoma

II. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Patient has completed three or more lines of chemotherapy for ovarian cancer.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Maximum quantity: 60 (sixty) tablets per 30-day supply

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Prostate Cancer. Version 4.2026. Updated December 4, 2025. Accessed December 14, 2025. www.nccn.org/professionals/physician_gls/pdf/prostate.pdf
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Ovarian Cancer. Version 3.2025. updated July 16, 2025. Accessed December 14, 2025. www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf
3. Rubraca Prescribing Information. Pharmaand GmbH. 2024. Accessed December 14, 2025. www.rubraca.com/wp-content/uploads/2025/04/RubracaUSPI.pdf
4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Uterine Neoplasms. Version 2.2026. Updated November 14, 2025. Accessed December 14, 2025. www.nccn.org/professionals/physician_gls/pdf/uterine.pdf
5. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Pancreatic Adenocarcinoma. Version 2.2025. Updated February 3, 2025. Accessed December 14, 2025. www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.