blue 🗑 of california

rucaparib (RUBRACA)

Diagnosis Considered for Coverage:

- Maintenance treatment (prevention of recurrence) of epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Castration-resistant prostate cancer (mCRPC) metastatic
- Pancreatic adenocarcinoma
- Uterine leiomyosarcoma

Coverage Criteria:

For advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer:

- Being used as a single agent, **and**
- Dose does not exceed 1200 mg per day, and
- Being used as maintenance treatment for recurrent disease following two or more lines of platinum-based therapy

For prostate cancer:

- Being used for castration resistant metastatic disease, **and**
- Presence of BRCA gene mutation, and
- Patient has received BOTH androgen receptor-directed therapy (e.g. abiraterone, enzalutamide, apalutamide, darolutamide) and a taxanebased chemotherapy (e.g. paclitaxel, docetaxel, cabazitaxel) unless patient is unfit for chemotherapy, **and**
- Dose does not exceed 1200 mg per day, and
- One the following:
 - Patient is currently receiving GnRH analog therapy or
 - Patient had testes removed (bilateral orchiectomy).

For pancreatic cancer:

- Being used as a single agent, and
- Being used for metastatic disease, and
- Presence of BRCA or PALB2 gene mutation, and
- Being used as maintenance treatment following platinum-based therapy, **and**
- Dose does not exceed 1200 mg per day.

For uterine leiomyosarcoma (uLMS):

- Being used as a single agent, and
- Being used as second line or subsequent therapy, **and**

- Presence of type 2 BRCA gene mutation, and •
- Dose does not exceed 1200 mg per day. •

Coverage Duration: one year Effective Date: 8/30/2023