



## PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology (Oral – Poly [ADP-Ribose] Polymerase Inhibitor) – Rubraca Prior Authorization Policy
- Rubraca® (rucaparib tablets – pharmaand GmbH)

**REVIEW DATE:** 01/28/2026

### INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## CIGNA NATIONAL FORMULARY COVERAGE:

### OVERVIEW

Rubraca, a poly (ADP-ribose) polymerase (PARP) inhibitor, is indicated for the following uses:<sup>1</sup>

- **Epithelial ovarian, fallopian tube, or primary peritoneal cancer, maintenance treatment** of deleterious BRCA1/2 mutation (germline and/or somatic)-associated recurrent disease in adults who are in a complete or partial response to platinum-based chemotherapy.
- **Prostate cancer**, metastatic castration-resistant (mCRPC), treatment of deleterious BRCA1/2 mutation (germline and/or somatic)-associated disease in adults who have been treated with androgen receptor-directed therapy.

### Guidelines

Rubraca is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer:** NCCN guidelines (version 3.2025 – July 16, 2025) recommend single-agent Rubraca as maintenance therapy if the patient has had a complete or partial response to primary treatment in the following situations: no bevacizumab was used during primary therapy (category 2A) or bevacizumab was used during primary therapy and the patient has a germline or somatic *BRCA* mutation (category 2A).<sup>2,6</sup> In patients with platinum-sensitive disease who have completed two or more lines of platinum-based therapy and are in a partial or complete response, Rubraca can be considered as maintenance therapy if patient has a *BRCA* mutation and patient has not previously received a PARP inhibitor (category 1) or if disease has not progressed during prior PARP inhibitor therapy (category 2A).
- **Pancreatic Adenocarcinoma:** NCCN guidelines (version 2.2025 – February 3, 2025) recommend Rubraca as maintenance therapy for metastatic disease with germline or somatic *BRCA1/2* or *PALB2* mutations. This recommendation is for patients who have received prior platinum based therapy and did not have progression following their most recent platinum-based chemotherapy and it is listed as “Useful in Certain Circumstances” (category 2A).<sup>3,6</sup>
- **Prostate Cancer:** NCCN guidelines (version 5.2026 – January 23, 2026) recommend Rubraca for *BRCA* mutation for patients who tried androgen receptor pathway inhibitor (ARPI) and no prior docetaxel (category 1, Preferred) as a “Useful in Certain Circumstances” and for patients who have progressed on prior docetaxel and tried ARPI as “Useful in Certain Circumstances” (category 2A).<sup>4,6</sup>
- **Uterine Neoplasms:** NCCN guidelines (version 2.2026 – November 14, 2025) state that Rubraca may be considered as a single-agent second-line therapy or subsequent therapy as “Useful in Certain Circumstances”, for *BRCA2*-altered uterine leiomyosarcoma (category 2A).<sup>5,6</sup>

## POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Rubraca. All approvals are provided for the duration note below.

- **Rubraca® (rucaparib tablets – pharmaand GmbH)**

**is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

## FDA-Approved Indications

**1. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Maintenance Therapy.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

**A)** Patient is  $\geq 18$  years of age; AND

**B)** Patient is in complete or partial response after a platinum-based chemotherapy regimen; AND

Note: Examples of platinum-based chemotherapy regimen include carboplatin with gemcitabine, carboplatin with paclitaxel, cisplatin with gemcitabine.

- C)** Patient meets ONE of the following (i or ii):
- i.** Patient meets BOTH of the following (a and b):
    - a)** Patient has recurrent disease; AND
    - b)** Patient has a *BRCA* mutation; OR
  - ii.** Patient is in complete or partial response to first-line primary treatment.

**2. Prostate Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has metastatic castration resistant prostate cancer AND
- C)** Patient has *BRCA* mutation-positive disease; AND
- D)** Patient meets ONE of the following (i or ii):
- i.** The medication is used concurrently with a gonadotropin-releasing hormone (GnRH) analog; OR  
Note: Examples of GnRH analogs include leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant), Firmagon (degarelix subcutaneous injection), Orgovyx (relugolix tablets).
  - ii.** Patient has had a bilateral orchiectomy; AND
- E)** Patient has been previously treated with at least one androgen receptor-directed therapy.

Note: Examples of androgen receptor-directed therapy include abiraterone, Xtandi (enzalutamide capsules or tablets), Nubeqa (darolutamide tablets), or Erleada (apalutamide tablets).

**Other Uses with Supportive Evidence:**

**3. Pancreatic Adenocarcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has a *BRCA* mutation or *PALB2* mutation; AND
- C)** Patient meets BOTH of the following (i and ii):
- i.** Patient has tried platinum-based chemotherapy; AND
  - ii.** Patient has not had disease progression following the most recent platinum-based chemotherapy.

**4. Uterine Leiomyosarcoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has *BRCA2*-altered disease; AND
- C)** Patient has tried at least one systemic regimen.  
Note: Examples of a systemic regimen include one or more of the following products: dacarbazine, docetaxel, doxorubicin, gemcitabine, ifosfamide, Yondelis (trabectedin intravenous infusion).

## CONDITIONS NOT COVERED

- **Rubraca® (rucaparib tablets – pharmaand GmbH)**

**is(are) considered not medically necessary for ANY other use(s).**

## REFERENCES

1. Rubraca® tablets [prescribing information]. Wein, Austria: pharmaand GmbH; December 2025.
2. The NCCN Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Clinical Practice Guidelines in Oncology (version 3.2025 – July 16, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed January 23, 2026.
3. The NCCN Pancreatic Adenocarcinoma Clinical Practice Guidelines in Oncology (version 2.2025 – February 3, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed January 23, 2026.
4. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 5.2026 – January 23, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed January 26, 2026.
5. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 2.2026 – November 14, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed January 23, 2026.
6. The NCCN Drugs & Biologics Compendium. © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 23, 2026. Search term: rucaparib.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<b>Pancreatic Adenocarcinoma:</b> Indication and criteria were added to Other Uses with Supportive Evidence based on NCCN guideline updates.	02/07/2024
Selected Revision	<b>Ovarian, Fallopian Tube, or Primary Peritoneal Cancer – Treatment:</b> Condition of approval and criteria were removed from “Other Uses with Supportive Evidence.”	06/05/2024
Annual Revision	<b>Prostate Cancer:</b> The requirement that “the patient has been previously treated with at least one taxane-based chemotherapy; OR the patient is not a candidate or is intolerant to taxane-based chemotherapy, according to the prescriber” was removed.	02/12/2025
Update	04/08/2025: The policy name was changed from “Oncology – Rubraca PA Policy” to “Oncology (Oral – Poly [ADP-Ribose] Polymerase Inhibitor) – Rubraca PA Policy”	N/A
Update	12/31/2025: The overview section was updated due to change in FDA labeled indication	--
Annual Revision	<b>Prostate Cancer:</b> The wording of “germline and/or somatic” was removed from the requirement that states patient has <i>BRCA</i> mutation-positive disease. <b>Uterine Leiomyosarcoma:</b> The requirement that the “patient has tried one systemic regimen” was reworded to “patient has tried at least one systemic regimen.”	01/28/2026

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