rucaparib (Rubraca®)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO152

Description

Rucaparib (Rubraca) is an orally administered poly (ADP-ribose) polymerase (PARP) inhibitor indicated for the maintenance therapy, of ovarian, fallopian tube, or primary peritoneal cancer.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit
rucaparib (Rubraca)	200 mg tablets 250 mg tablets 300 mg tablets	Maintenance for: recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer;	120 tablets/30 days

Initial Evaluation

I. **Rucaparib (Rubraca)** may be considered medically necessary when the following criteria below are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, an oncologist; **AND**
   C. Rucaparib (Rubraca) will be used as monotherapy; **AND**
   D. Member has not progressed on a prior PARP inhibitor (e.g., olaparib [Lynparza], niraparib [Zejula]) therapy; **AND**
   E. A diagnosis of one of the following:
      1. **Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer**; **AND**
         i. Provider is requesting for maintenance therapy; **AND**
         ii. Member has experienced disease progression on or after at least TWO or more prior platinum-based chemotherapy regimens (e.g., cisplatin, carboplatin, oxaliplatin); **AND**
         iii. Member is in complete or partial response to their last platinum-based chemotherapy regimen (i.e., platinum sensitive); **AND**
         iv. Rucaparib (Rubraca) will be started within eight weeks of completion of the most the most recent platinum-based chemotherapy regimen; **OR**

v. Provider attests with supporting documentation that member's recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer has not progressed since the most recent platinum-based chemotherapy regimen

II. Rucaparib (Rubraca) is considered investigational when used for all other conditions, including but not limited to:
   A. Used in combination with other chemotherapy or targeted therapy regimen
   B. Breast Cancer
   C. Prostate Cancer
   D. Advance Solid Tumors
   E. Melanoma
   F. Pancreatic cancer
   G. Gastroesophageal cancer
   H. Treatment of advanced ovarian cancer after 3 of more lines of therapy

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. If they have, initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Rucaparib (Rubraca) will be used as monotherapy; **AND**
IV. Member has exhibited improvement or stability of disease symptoms (e.g., decrease in tumor size, or tumor spread).

Supporting Evidence

I. The safety and efficacy of rucaparib (Rubraca) in the setting of maintenance therapy for recurrent ovarian cancer was studied in a double-blind, multicenter trial (ARIEL3) where 564 adult patients with platinum-sensitive recurrent epithelial ovarian fallopian tube or primary peritoneal cancer. The patients were randomized 2:1 rucaparib (Rubraca) 600 mg orally daily or matched placebo within 8 weeks of their last dose of platinum-based therapy. The major efficacy outcome was progression-free survival (PFS) assessed by investigator, which ARIEL 3 demonstrated a statistically significant improvement in PFS in the rucaparib (Rubraca) arm as compared to the placebo arm. In the

rucaparib (Rubraca) arm, the median PFS was 10.8 months compared to 5.4 months in the placebo arm with a hazard ratio (HR) of 0.36 and 95% CI (0.3, 0.45).

II. Therapy in the maintenance setting was initiated within eight weeks after completion of the last dose of platinum-based chemotherapy. The intent is that treatment is started within a reasonable timeframe consistent with a maintenance treatment plan (i.e., as close to 8 weeks as possible), but recognize that scheduling or other factors may impact the ability of a patient to start exactly within these first eight weeks.

III. There is a lack of strong scientific evidence from randomized controlled trials supporting safety and efficacy to support the use of a subsequent PARP inhibitor following progression of disease on another PARP inhibitor.

Investigational or Not Medically Necessary Uses

I. There is a lack of strong scientific evidence from randomized controlled trials supporting safety and efficacy for the use of rucaparib (Rubraca) in the following settings listed below:
   A. Used in combination with other chemotherapy or targeted therapy regimen.
   B. Breast Cancer
   C. Solid Tumors
   D. Prostate Cancer
      1. Efficacy of rucaparib (Rubraca) was investigated in an ongoing multi-center, single arm clinical trial (TRITON2) in patients with *BRCA*-mutated metastatic castration-resistant prostate cancer (mCRPC), who had been treated with androgen receptor-directed therapy and taxane-based chemotherapy. There were 115 patients with either germline or somatic *BRCA* mutations enrolled in TRITON2, of whom 62 patients had measurable disease at baseline. Patients received rucaparib (Rubraca) 600 mg orally twice daily along with concomitant GnRH analog or had prior bilateral orchiectomy. Objective response rate (ORR) and duration of response (DOR) were assessed in patients with measurable disease by blinded IRR and by the investigator protocol. An ORR of 43.5% (n= 27; 31.0-56.7) was reported for IRR evaluation of 62 patients with measurable disease, while DoR was not estimable given the lack of data maturity. Quality of clinical evidence is low due to open label, single-arm trial design and lack of measurable survival outcomes and patient quality of life related outcomes. Of note, as of October 2020, rucaparib (Rubraca) is being studied in a phase 3 trial for mCRPC with other therapeutic agent(s) as active comparator (TRITON3) and results for this study are not available. Of note, another PARP-inhibitor, olaparib (Lynparza) is FDA-approved for treatment of mCRPC in patients who progressed on previous chemotherapy. Olaparib (Lynparza) was approved for this indication based on an open label phase 3 trial, which reported survival outcomes (rPFS and OS) and has a category 1 recommendation per NCCN guidelines for treatment of prostate cancer.
   E. Treatment of advanced ovarian cancer after 3 of more lines of therapy

1. The safety and efficacy of rucaparib (Rubraca) for the treatment of advanced ovarian cancer after two or more chemotherapies was studied in two multicenter, single-arm, and open-label trials with 106 adult patients that have advanced BRCA-mutant ovarian cancer who had progressed after two or more prior chemotherapies. The efficacy outcomes were objective response rate (ORR) and duration of response (DOR) assessed by the investigator and independent radiology review; the average ORR was 54% and the average DOR was 9.2 months.
2. In June 2022, the manufacturer of rucaparib (Rubraca) voluntarily withdrew the indication for treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with 3 or more prior chemotherapy regimens. This withdrawal was based on a totality of information from PARP inhibitors in the late line treatment setting in ovarian cancer. Specifically, following data from the Ariel4 postmarketing trial linking rucaparib (Rubraca) to an increased risk of death over chemotherapy in patients with third-line or later ovarian cancer despite the drug showing a benefit in stalling disease progression. Similar detrimental effects on overall survival were observed with another PARP inhibitor in a randomized, active-controlled clinical trial conducted in a BRCA mutant 3L+ advanced ovarian cancer population.

References

1. Rubraca [Prescribing Information]. Boulder, CO: Clovis Oncology, Inc. June 2022.
2. Coleman RL, Oza AM, Lorusso D, et al. Rucaparib Maintenance Treatment for Recurrent Ovarian Carcinoma After Response to Platinum Therapy (ARIEL3): A Randomized, Double-blind, Placebo-controlled, Phase 3 Trial. *Lancet.* 2017 Oct 390(10106): 1949–1961.
3. Abida W, Patnaik A, Campbell D, et al. Rucaparib in Men with Metastatic Castration-Resistant Prostate Cancer Harboring a *BRCA1* or *BRCA2* Gene Alteration. J Clin Oncol. 2020 Aug 14: JCO2001035. doi: 10.1200/JCO.20.01035.

Policy Implementation/Update:

Action and Summary of Changes	Date
Removal of ovarian cancer indication in the late line (3+) treatment setting following voluntarily withdraw of the indication by the manufacturer.	09/2022
Added split fill restriction given dose interruption/dose reduction rates. Corrected published QL to reflect 120/30. Confirmation of monotherapy use upon renewal.	08/2021
Updated supporting evidence for investigational use of rucaparib (Rubraca) for treatment of prostate cancer	11/2020
Criteria transition into policy with the following updates made: addition of supporting evidence and investigation section, broke out the different indications (treatment versus maintenance therapy), included mutation status for the treatment of recurrent ovarian cancer, included criterion around prior PARP inhibitor use, increase initial approval duration from three months to six months to be consistent with other payers, included age criterion per label, and removed the 8 weeks criterion around most recent	12/2019

platinum-based therapy in the setting of maintenance therapy in recurrent ovarian cancer; in place of the 8 weeks criterion, provider attestation and documentation is required instead.	