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Rubraca® (rucaparib) tablets

Comprehensive Coding Guide

This guide provides an overview of NDC and ICD-10 codes associated with prescribing Rubraca® (rucaparib).

Need Support?

The pharma& Patient Assistance Program can help you with questions about **financial support and accessing treatment for your patients.**

Call 1-844-779-7707, Monday–Friday, 8:30 am to 7:00 pm ET.

Visit **www.rubracahcp.com**

It is important to note that the codes identified inside are examples only. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

The April 1, 2026 procedure code update files are now available. Use these codes for discharges occurring from April 1, 2026 – September 30, 2026, and for patient encounters occurring from April 1, 2026 – September 30, 2026.
https://www.cms.gov/medicare/coding-billing/icd-10-codes

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The pharma& Patient Assistance Program is here to help

The pharma& Patient Assistance Program is committed to helping you and your patients navigate coverage to quickly start treatment. Our dedicated team is here to ensure that your practice and patients can:

Efficiently receive treatment

Access available coverage options

Receive ongoing support when it means the most

INDICATIONS

RUBRACA® (rucaparib) is indicated:

- 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.
- 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. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA.

SELECT IMPORTANT SAFETY INFORMATION

Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML) occur in patients treated with RUBRACA and are potentially fatal adverse reactions. In 2141 treated patients with ovarian and prostate cancer, MDS/AML occurred in 34 patients (1.6%), including those in long term follow-up. Of these, 14 occurred during treatment or during the 28-day safety follow-up (0.7%).

The duration of RUBRACA treatment prior to the diagnosis of MDS/AML ranged from < 2 months to approximately 72 months. The cases were typical of secondary MDS/cancer therapy-related AML; in all cases, patients had received previous platinum-containing chemotherapy regimens and/or other DNA damaging agents.

In ARIEL3, of patients with ovarian cancer associated with a germline and/or somatic BRCA mutation who were treated with RUBRACA, MDS/AML occurred in 9 out of 129 (7%) patients treated with RUBRACA and 4 out of 66 (6%) patients treated with placebo. The duration of therapy with RUBRACA in patients who developed secondary MDS/cancer therapy-related AML varied from 1.2 to 4.7 years.

In TRITON3, MDS/AML occurred in 2 out of 201 patients (1%) with a BRCA mutation treated with RUBRACA. The duration of therapy with RUBRACA in patients who developed secondary MDS/cancer therapy-related AML varied from 1.4 to 2.3 years.

Do not start RUBRACA until patients have recovered from hematological toxicity caused by previous chemotherapy (≤ Grade 1). Monitor complete blood counts for cytopenia at baseline and monthly thereafter for clinically significant changes during treatment. For prolonged hematological toxicities (> 4 weeks), interrupt RUBRACA or reduce dose and monitor blood counts weekly until recovery. If the levels have not recovered to Grade 1 or less after 4 weeks or if MDS/AML is suspected, refer the patient to a hematologist for further investigations, including bone marrow analysis and blood sample for cytogenetics.

If MDS/AML is confirmed, discontinue RUBRACA.

Based on findings from genetic toxicity and animal reproduction studies, RUBRACA can cause fetal harm. Advise male patients with female partners of reproductive potential or who are pregnant to use effective methods of contraception during treatment and for 3 months following last dose of RUBRACA. Advise male patients not to donate sperm during therapy and for 3 months following the last dose of RUBRACA. Advise females of reproductive potential to use effective contraception during treatment and for 6 months following the last dose of RUBRACA.

Please see additional Select Important Safety Information on page 4.

The pharma& Patient Assistance Program Coding Guide

NDC (10 Digit)	NDC (11 Digit)	Description
82154-0783-1	82154-0783-01	Rubraca (rucaparib) 200 mg
82154-0784-1	82154-0784-01	Rubraca (rucaparib) 250 mg
82154-0785-1	82154-0785-01	Rubraca (rucaparib) 300 mg

ICD-10	Description
Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified

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Please see Select Important Safety information on pages 2 and 4.

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ICD-10	Description
Malignant Neoplasm of Prostate	
C61	Malignant neoplasm of prostate
Family and Personal History AND Certain Conditions Influencing Health Status and Encounters	
Z85.43	Personal history of malignant neoplasm of ovary
Z85.46	Personal history of malignant neoplasm of prostate

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SELECT IMPORTANT SAFETY INFORMATION (continued)

Most common adverse reactions of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON3 (≥10%, Grade 1-4) were fatigue/asthenia (61%), musculoskeletal pain (53%), nausea (51%), decreased appetite (34%), diarrhea (31%), constipation (31%), vomiting (25%), dyspnea (19%), dysgeusia (18%), edema (18%), abdominal pain (17%), dizziness (16%), weight decreased (16%), rash (13%), headache (12%), peripheral neuropathy (12%), photosensitivity reaction (12%), and urinary tract infection (10%).

Most common select laboratory abnormalities of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON3 (≥ 25%, Grade 1-4) were increased ALT (68%), decreased neutrophils (67%), decreased phosphate (64%), decreased hemoglobin (60%), increased AST (59%), increased creatinine (56%), increased glucose (45%), decreased lymphocytes (43%), decreased sodium (35%), decreased platelets (34%), and increased calcium (29%).

Most common adverse reactions of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON2 (≥ 20%; Grade 1-4) were fatigue/asthenia (62%), nausea (52%), decreased appetite (28%), rash (27%), constipation (27%), vomiting (22%), and diarrhea (20%).

Most common laboratory abnormalities of patients with BRCA-mutated mCRPC treated with RUBRACA in TRITON2 (≥ 35%; Grade 1-4) were increased ALT (69%), decreased leukocytes (69%), decreased phosphate (68%), decreased absolute neutrophil count (62%), decreased hemoglobin (59%), increased creatinine (43%), decreased lymphocytes (42%), increased triglycerides (42%), decreased platelets (40%), and decreased sodium (38%).

Most common adverse reactions for patients with BRCA-mutated ovarian cancer treated with RUBRACA in ARIEL3 were (≥20%, Grade 1-4) were nausea (79%), fatigue/asthenia (74%), abdominal pain/distention (48%), rash (45%), anemia (41%), constipation (39%), vomiting (37%), thrombocytopenia (35%), diarrhea (34%), dysgeusia (33%), AST/ALT elevation (33%), nasopharyngitis/upper respiratory tract infection (29%), stomatitis (28%), decreased appetite (23%), headache (22%) and neutropenia (22%).

Most common select laboratory abnormalities of patients with BRCA-mutated ovarian cancer treated with RUBRACA in ARIEL3 (≥25%, Grade 1-4) were increase in creatinine (96%), increase in ALT (67%), decrease in hemoglobin (61%), increase in AST (59%), decrease in platelets (47%), decrease in leukocytes (39%), increase in cholesterol (39%), decrease in neutrophils (38%) and decrease in lymphocytes (33%).

Concomitant administration of RUBRACA with CYP1A2, CYP3A, CYP2C9, or CYP2C19 substrates can increase the systemic exposure of these substrates, which may increase the frequency or severity of adverse reactions of these substrates. If concomitant administration is unavoidable between RUBRACA and substrates of these enzymes where minimal concentration changes may lead to serious adverse reactions, decrease the substrate dosage in accordance with the approved prescribing information.

If concomitant administration with warfarin (a CYP2C9 substrate) cannot be avoided, consider increasing the frequency of international normalized ratio (INR) monitoring.

Full Prescribing Information available at: https://www.rubracahcp.com.
For medical information inquiries within the U.S., contact pharma& at medinfo.us@pharmaand.com.
You may report adverse events to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
Alternatively, to report an adverse event or reaction, contact pharma& at pv@pharmaand.com.
To report a product complaint, contact pharma& at complaints@pharmaand.com.

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Please see full
Prescribing Information:

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PM-US-RUB-893-(09-04-2026)

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