ClovisCares™

Comprehensive Coding Guide

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

Need support?

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Call **1-844-779-7707**, Monday–Friday, 8 AM to 8 PM ET.

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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.

2022 Code Descriptions in Tabular Order (PDF Download) last updated on February 01, 2022, and accessed on April 25, 2022 from https://www.cms.gov/medicare/icd-10/2022-icd-10-cm.

Clovis Cares™ is here to help

Clovis Cares™ 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 is indicated:

- for the maintenance treatment of adult women with 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 and a taxane-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Rubraca. This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

SELECT IMPORTANT SAFETY INFORMATION

Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML) have occurred in patients treated with Rubraca, and are potentially fatal adverse reactions. In 1146 treated patients, MDS/AML occurred in 20 patients (1.7%), including those in long term follow-up. Of these, 8 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 1 month to approximately 53 months. The cases were typical of secondary MDS/cancer therapy-related AML; in all cases, patients had received previous platinum-containing regimens and/or other DNA damaging agents. In TRITON2, MDS/AML was not observed in patients with mCRPC (n=209) regardless of homologous recombination deficiency (HRD) mutation.

Please see additional Select Important Safety Information on page 4.

Clovis Cares™ Coding Guide

Here are the relevant codes you'll need when prescribing Rubraca for your patients.

NDC (10 Digit)	NDC (11 Digit)	DESCRIPTION
69660-201-91	69660-0201-91	Rubraca (Rucaparib) 200 mg
69660-202-91	69660-0202-91	Rubraca (Rucaparib) 250 mg
69660-203-91	69660-0203-91	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

2022 ICD-10-CM codes and descriptions have been sourced from the Centers for Medicare & Medicaid Services. Codes are approved for patient discharges and encounters from October 1, 2021, through September 30, 2022.

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

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

2022 ICD-10-CM codes and descriptions have been sourced from the Centers for Medicare & Medicaid Services. Codes are approved for patient discharges and encounters from October 1, 2021, through September 30, 2022.

SELECT IMPORTANT SAFETY INFORMATION (continued)

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 its mechanism of action and findings from animal studies, Rubraca can cause fetal harm when administered to a pregnant woman. Apprise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment and for 6 months following the last dose of Rubraca. For males on Rubraca treatment who have female partners of reproductive potential or who are pregnant, effective contraception should be used during treatment and for 3 months following the last dose of Rubraca.

Most common adverse reactions in ARIEL3 (≥20%; Grade 1-4) were nausea (76%), fatigue/asthenia (73%), abdominal pain/distention (46%), rash (43%), dysgeusia (40%), anemia (39%), AST/ALT elevation (38%), constipation (37%), vomiting (37%), diarrhea (32%), thrombocytopenia (29%), nasopharyngitis/upper respiratory tract infection (29%), stomatitis (28%), decreased appetite (23%), and neutropenia (20%).

Most common adverse reactions in TRITON2 (≥20%; Grade 1-4) were fatigue/asthenia (62%), nausea (52%), anemia (43%), AST/ALT elevation (33%), decreased appetite (28%), rash (27%), constipation (27%), thrombocytopenia (25%), vomiting (22%), and diarrhea (20%).

Co-administration of rucaparib can increase the systemic exposure of CYP1A2, CYP3A, CYP2C9, or CYP2C19 substrates, which may increase the risk of toxicities of these drugs. Adjust dosage of CYP1A2, CYP3A, CYP2C9, or CYP2C19 substrates, if clinically indicated. If co-administration with warfarin (a CYP2C9 substrate) cannot be avoided, consider increasing frequency of international normalized ratio (INR) monitoring.

Because of the potential for serious adverse reactions in breast-fed children from Rubraca, advise lactating women not to breastfeed during treatment with Rubraca and for 2 weeks after the last dose.

Please see additional Select Important Safety Information on page 2.

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Please see full Prescribing Information:

CLOVIS ONCOLOGY