

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adagrasib (Krazati)

#### Notes:

- Quantity Limits: Yes
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **adagrasib (Krazati)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Presence of KRAS G12C mutation
- Patient has a diagnosis of one of the following:
  - Locally advanced or metastatic non-small cell lung cancer (NSCLC) **AND**
    - Has received at least 1 prior systemic treatment for NSCLC
  - Locally advanced or metastatic colorectal cancer (CRC) that is proficient mismatch repair (pMMR) or microsatellite stable (MSS) (or patient is ineligible for or had progression on checkpoint inhibitor immunotherapy) **AND**
    - Has received at least two prior lines of treatment for CRC, at least one of which included either oxaliplatin or irinotecan **AND**
    - Will receive adagrasib in combination with either cetuximab or panitumumab
  - Locally advanced or metastatic pancreatic cancer **AND**
    - Has received at least 2 prior systemic treatments for pancreatic cancer **OR**
    - Has received 1 prior systemic treatment for pancreatic cancer that included gemcitabine **AND** are not fit to receive a second-line combinatorial chemotherapy regimen (e.g. 5-FU + leucovorin +/- liposomal irinotecan, CapeOx, FOLFIRI, etc.)
- Patient has an allergy or intolerance\* to sotorasib and no progression of cancer while on sotorasib **-OR-** has CNS metastases

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## CRITERIA FOR DRUG COVERAGE

### Adagrasib (Krazati)

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **adagrasib (Krazati)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Presence of KRAS G12C mutation
- Patient has a diagnosis of locally advanced or metastatic NSCLC, CRC, or pancreatic cancer

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **adagrasib (Krazati)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Presence of KRAS G12C mutation
- Patient has a diagnosis of locally advanced or metastatic NSCLC, CRC, or pancreatic cancer