

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sotorasib (Lumakras)

Notes:

- Quantity Limits: Yes

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

- Prescribed by hematology/oncology
- Patient is greater than or equal to 18 years of age
- Presence of a 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 one prior systemic treatment for NSCLC
 - Locally advanced or metastatic colorectal cancer (CRC) that is proficient mismatch repair (pMMR)/ 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 sotorasib 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.)

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

- Prescribed by hematology/oncology
- Patient is greater than or equal to 18 years of age
- Patient has a KRAS G12C mutation
- Patient has a diagnosis of locally advanced or metastatic 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 **sotorasib**

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(Lumakras) will be covered on the prescription drug benefit when the following criteria are met:

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- Patient has a diagnosis of locally advanced or metastatic NSCLC, CRC, or pancreatic cancer