

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
- Patient has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
- Presence of KRAS G12c mutation
- Patient has received at least 1 systemic treatment for NSCLC
- Patient has an allergy or intolerance* to sotorasib and no progression of NSCLC while on sotorasib

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
- Patient has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
- Presence of KRAS G12c mutation

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
- Patient has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
- Presence of KRAS G12c mutation