

Clinical Policy Title:	adagrasib
Policy Number:	RxA.790
Drug(s) Applied:	Krazati™
Original Policy Date:	4/13/2023
Last Review Date:	4/15/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (must meet all):

1. Diagnosis of locally advanced or metastatic NSCLC;
2. Disease is positive for KRAS G12C mutation;
3. Member has received at least one prior systemic therapy ;

Initial Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Non-Small Cell Lung Cancer (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has met initial approval criteria;

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. Non-Small Cell Lung Cancer. Version 4.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed April 12, 2024.
2. Krazati. Package insert. Mirati Therapeutics. 2022. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/216340s000lbl.pdf. Accessed April 12, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/16/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed. 1. Removed reauthorization requirement for positive response to therapy. 2. Removed age requirement.	4/15/2024	

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ol style="list-style-type: none">3. Removed restriction for previous treatment with Lumakras.4. References were reviewed and updated.5. Removed prescriber restriction6. Removed dose restriction		
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