

sotorasib (LUMAKRAS)

Diagnoses Considered for Coverage:

- Non-Small Cell Lung Cancer (NSCLC) – advanced, recurrent, metastatic
- Pancreatic Adenocarcinoma
- Colorectal (CRC) and appendiceal cancers

Coverage Criteria:

For Non-Small Cell Lung Cancer (NSCLC):

- Disease is locally advanced, metastatic, or recurrent, **and**
- Presence of KRAS G12C gene mutation, **and**
- Being used as single agent for NSCLC, **and**
- Dose does not exceed 960 mg per day, **and**
- Patient has received at least one previous treatment for advanced/metastatic NSCLC (*see additional info for details*), **and**
- Patient has not progressed on prior treatment with a KRAS G12C-targeted therapy (e.g., Krazati)

For Pancreatic Adenocarcinoma:

- Disease is locally advanced, metastatic, or recurrent, **and**
- Presence of KRAS G12C gene mutation, **and**
- Being used as subsequent therapy, **and**
- Being used as a single agent, **and**
- Dose does not exceed 960 mg per day.

For diagnosis of colorectal/appendiceal cancers:

- Being used for unresectable metachronous metastases, advanced or metastatic disease, **and**
- Cancer is KRAS G12C mutation positive, **and**
- Dose does not exceed 960 mg per day
- One of the following:
 - Being used with either Erbitux or Vectibix, **or**
 - Being used as a single agent (if unable to tolerate EGFR-inhibitor)

Coverage Duration: one year

Effective Date: 02/28/2024