

adagrasib (KRAZATI)

Diagnoses Considered for Coverage:

- Non-small cell lung cancer (NSCLC)
- Colorectal (CRC) and appendiceal cancers

Coverage Criteria:

For diagnosis of non-small cell lung cancer, approve if:

1. Being used for recurrent, advanced, or metastatic disease, and
2. Being used as single agent, and
3. Cancer is KRAS G12C positive, and
4. Patient has received at least one previous treatment for advanced/metastatic NSCLC, and
5. Provider attestation that patient has not progressed on prior treatment with a KRAS G12C-targeted therapy (e.g., Lumakras), and
6. Dose does not exceed 1200 mg per day.

For diagnosis of colorectal/appendiceal cancers, approve if:

1. Being used for unresectable metachronous metastases, advanced or metastatic disease, and
2. Cancer is KRAS G12C mutation positive, and
3. Dose does not exceed 1200 mg per day
4. 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

References:

1. Krazati. Prescribing Information. Mirati Therapeutics, Inc. San Diego, CA. 12/2022.
2. National Comprehensive Cancer Network (NCCN) Clinical Practice Guideline in Oncology for Non-small Cell Lung Cancer (Version 1.2024 - December 21, 2023). Available at www.nccn.org.
3. NCCN Clinical Practice Guideline in Oncology for Colon Cancer (Version 4.2023 - November 16, 2023). Available at: www.nccn.org
4. NCCN Clinical Practice Guideline in Oncology for Rectal Cancer (Version 6.2023 - November 16, 2023). Available at: www.nccn.org
5. NCCN Drugs & Biologics Compendium. Krazati (2024). Available by subscription at: www.nccn.org
6. AHFS®. Available by subscription at <http://www.lexi.com>
7. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Effective Date: 2/28/2024