

Generic Name: adagrasib

Applicable Drugs: Krazati

Preferred: N/A

Non-preferred: Krazati (adagrasib)

Date of Origin: 8/28/2023

Date Last Reviewed / Revised: 8/28/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documented diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC).
- II. Presence of *KRAS* G12C mutation documented by an FDA-approved test.
- III. Age: \geq 18 years old.
- IV. Documentation of disease progression with one systemic regimen (e.g., platinum-based chemotherapy \pm immunotherapy).
- V. Medication dose, plan for appropriate monitoring, and/or dose adjustment(s) consistent with FDA labeling (table 1).
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Disease progression with prior treatment on Lumakras (sotorasib).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 1200 mg dose/day: One hundred eighty 200 mg tablets per 30 days.
- 800 mg dose/day: One hundred twenty 200 mg tablets per 30 days.
- 600 mg dose/day: Ninety 200 mg tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 6 months

- **Re-Authorization:** 6 months with documentation of the absence of disease progression or unacceptable toxicity.

APPENDIX

Table 1. FDA-labeled initial dosage recommendations and dosage reductions

Initial dose	First dose reduction	Second dose reduction
600 mg orally twice daily	400 mg orally twice daily	600 mg once daily

REFERENCES

1. Krazati. Prescribing information. Mirati Therapeutics, Inc.; 2022. Accessed June 11, 2023. https://www.mirati.com/krazati_uspi/
2. Jänne PA, Riely GJ, Gadgeel SM, et al. Adagrasib in non-small-cell lung cancer harboring a KRASG12C mutation. *N Engl J Med.* 2022;387(2):120-131. doi: 10.1056/NEJMoa2204619
3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer. V.3.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed June 25, 2023.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.