

Applicable Drugs: Krazati (adagrasib)

Preferred: N/A

Non-preferred: Krazati (adagrasib)

Date of Origin: 8/28/2023

Date Last Reviewed / Revised: 5/21/2026

PRIOR AUTHORIZATION CRITERIA

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

- I. Documentation of one of the following FDA-approved diagnoses A through B AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Non-small cell lung cancer (NSCLC):

- i. Documentation of locally advanced or metastatic disease.
- ii. Presence of KRAS G12C mutation documented by an FDA-approved test.
- iii. Documentation of disease progression despite prior treatment with one systemic regimen (e.g., platinum-based chemotherapy ± immunotherapy, etc.).

B. Colorectal cancer (CRC):

- i. Documentation of locally advanced or metastatic disease.
- ii. Presence of KRAS G12C mutation documented by an FDA-approved test.
- iii. Documentation that Krazati (adagrasib) will be used in combination with Erbitux (cetuximab).
- iv. Documentation of disease progression despite prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

Other Uses With Supportive Evidence

- C. Ampullary adenocarcinoma.
- D. Appendiceal cancers.
- E. Biliary tract cancers.
- F. Central nervous system cancers.
- G. Pancreatic adenocarcinoma.
- H. Small bowel adenocarcinoma.

- II. Age: ≥ 18 years old.
- III. Medication dosage and/or dose adjustments are consistent with FDA labeling (see table 1).
- IV. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.
- 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

Krazati (adagrasib) is available as 200 mg tablets.

- 1200 mg dose/day: 180 tablets per 30 days.
- 800 mg dose/day: 120 tablets per 30 days.
- 600 mg dose/day: 90 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 6 months, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

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.; 2026. Accessed May 21, 2026.
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. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer. Version 5.2026. Updated March 13, 2026. Accessed May 21, 2026..
https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf.
4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Colon Cancer. Version 2.2026. Updated April 7, 2026. Accessed May 21, 2026.
5. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Biliary Tract Cancer. Version 1.2026. Updated March 10, 2026. Accessed May 21, 2026.
6. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Ampullary Adenocarcinoma. Version 2.2026. Updated February 10, 2026. Accessed May 21, 2026.
7. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Appendiceal Neoplasms and Cancers. Version 2.2026. Updated April 10, 2026. Accessed May 21, 2026.
8. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Small Bowel Adenocarcinoma. Version 2.2026. Updated April 7, 2026. Accessed May 21, 2026.
9. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Pancreatic Adenocarcinoma. Version 2.2026. Updated April 22, 2026. Accessed May 21, 2026.

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.