

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Lazertinib (Lazcluze)

#### Notes:

- Quantity Limits: Yes
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **Lazertinib (Lazcluze)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of locally advanced or metastatic non-small cell lung cancer with EGFR exon 19 deletion or exon 21 L858R substitution mutations - AND- used in combination with amivantmab -AND-
- Patient failed an adequate trial of Osimertinib (Tagrisso) or has contraindications to it

**Criteria for *current Kaiser Permanente members already taking the medication who have not been reviewed previously*:** Non-formulary **Lazertinib (Lazcluze)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of locally advanced or metastatic non-small cell lung cancer with EGFR exon 19 deletion or exon 21 L858R substitution mutations -AND- used in combination with amivantamab

**Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously*:** Non-formulary **Lazertinib (Lazcluze)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of locally advanced or metastatic non-small cell lung cancer with EGFR exon 19 deletion or exon 21 L858R substitution mutations -AND- used in combination with amivantamab