

# STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

## **ADAGRASIB**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ADAGRASIB	KRAZATI	48522		GPI-10	
				(2153241000)	

#### **GUIDELINES FOR USE**

- 1. Does the patient have a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - The patient's cancer has a KRAS G12C mutation as determined by an FDA-approved test
  - The patient has received at least one prior systemic therapy

If yes, approve for 12 months by HICL or GPI-10 with a quantity limit of #6 per day. If no, do not approve.

DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ADAGRASIB** (**Krazati**) requires the following rule(s) be met for approval:

- A. You have locally advanced or metastatic non-small cell lung cancer (NSCLC: a type of lung cancer that has spread from where it started to nearby tissue or lymph nodes or to other parts of the body)
- B. You are 18 years of age or older
- C. Your cancer has a KRAS G12C mutation (a type of abnormal gene) as determined by a Food and Drug Administration (FDA)-approved test
- D. You have received at least one prior systemic therapy

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

### **RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Krazati.

## **REFERENCES**

Krazati [Prescribing Information]. San Diego, CA: Mirati Therapeutics, Inc.; December 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Created: 01/23

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