

**KRAZATI
(adagrasib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Locally advanced or metastatic non-small cell lung cancer (NSCLC)
 - a. Used as a single agent
 - b. Patient has received at least one prior systemic therapy
2. Locally advanced or metastatic colorectal cancer (CRC)
 - a. Used in combination with Erbitux (cetuximab)
 - b. Patient has received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy

AND ALL of the following for **ALL** indications:

1. Presence of KRAS G12C mutation as determined by an FDA-approved test
2. Prescriber agrees to monitor AST, ALT, alkaline phosphatase, and total bilirubin
3. Prescriber agrees to monitor for QTc prolongation as clinically indicated

Prior - Approval Limits

Quantity 1,200 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Locally advanced or metastatic non-small cell lung cancer (NSCLC)
 - a. Used as a single agent



**BlueCross
BlueShield**

Federal Employee Program.

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2. Locally advanced or metastatic colorectal cancer (CRC)
 - a. Used in combination with Erbitux (cetuximab)

AND ALL of the following for **ALL** indications:

1. NO disease progression or unacceptable toxicity
2. Prescriber agrees to monitor AST, ALT, alkaline phosphatase, and total bilirubin
3. Prescriber agrees to monitor for QTc prolongation as clinically indicated

Prior - Approval *Renewal* Limits

Same as above