BlueCross BlueShield
Federal Employee Program

LAZCLUZE
(lazertinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Locally advanced or metastatic non-small cell lung cancer (NSCLC)
    a. EGFR exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test
    b. Used as first-line treatment in combination with Rybrevant (amivantamab)

AND ALL of the following:

1. Prescriber agrees to administer anticoagulant prophylaxis to prevent venous thromboembolic events (VTE) for at least the first four months of treatment
2. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lazcluze and for 3 weeks after the last dose
3. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lazcluze and for 3 weeks after the last dose

Prior - Approval Limits

Quantity 240 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Locally advanced or metastatic non-small cell lung cancer (NSCLC)

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a. **NO** disease progression or unacceptable toxicity

AND ALL of the following:

1. Prescriber agrees to monitor for signs and symptoms of venous thromboembolic events (VTE)
2. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lazcluze and for 3 weeks after the last dose
3. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lazcluze and for 3 weeks after the last dose

Prior - Approval *Renewal* Limits

Same as above