

**LUMAKRAS  
(sotorasib)**

**Pre - PA Allowance**

None

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**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. Presence of KRAS G12C mutation as determined by an FDA-approved test
  - b. Patient has received at least one prior systemic therapy
  - c. Used as a single agent
2. Metastatic colorectal cancer (mCRC)
  - a. Presence of KRAS G12C mutation as determined by an FDA-approved test
  - b. Patient has received prior fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy
  - c. Used in combination with Vectibix (panitumumab)

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

1. Prescriber agrees to monitor AST, ALT, alkaline phosphatase, and total bilirubin

**Prior - Approval Limits**

**Quantity** 960 mg per day

**Duration** 12 months

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**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)
2. Metastatic colorectal cancer (mCRC)



**BlueCross  
BlueShield**

Federal Employee Program.

## **LUMAKRAS (sotorasib)**

**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

### **Prior - Approval *Renewal* Limits**

Same as above