



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Metastatic colorectal cancer with **ONE** of the following:

- a. *KRAS/NRAS* wild-type gene expression as determined by FDA-approved tests
- b. Presence of *KRAS* G12C mutation as determined by an FDA-approved test **AND** used in combination with Lumakras (sotorasib)

AND the following:

- a. Prescriber agrees to monitor for dermatologic and soft tissue toxicities and discontinue if severe complications occur

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Metastatic colorectal cancer

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees to monitor for dermatologic and soft tissue toxicities and discontinue if severe complications occur

Prior – Approval *Renewal* Limits

Same as above