Mass General Brigham
Health Plan

Krazati (adagrasib)
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

FDA-Approved Indication

Krazati is indicated for the treatment of adult patients with Kirsten rat sarcoma (KRAS) G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA approved test, who have received at least one prior systemic therapy.

Compendial Use

Recurrent KRAS mutation positive NSCLC

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Krazati, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member has a diagnosis of recurrent, advanced, metastatic NSCLC
2. Medical charts documenting tumor or plasma specimen is positive for the KRAS G12C mutation
3. Member is 18 years of age or older
4. Provider attestation that the member has received at least one prior systemic therapy

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines with at least a 2a or 2b level evidence can be reviewed for medical necessity.

Continuation of Therapy

Reauthorization will be granted for a covered indication when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply

Krazati 200mg	180 tablets per month

References

1. Krazati [package insert]. San Diego, CA: Mirati Therapeutics, Inc.; December 2022.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed December 26, 2022

Review History

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23