

PHARMACY COVERAGE GUIDELINE

LUMAKRAS™ (sotorasib) oral Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for LUMAKRAS (sotorasib)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an oncologist or in consultation with an oncologist

Indication

- KRAS G12C mutated locally advanced or metastatic non small cell lung cancer (NSCLC), who has received at least one prior systemic therapy
- KRAS G12C mutated metastatic colorectal cancer (mCRC) in combination with panitumumab who have received prior fluoropyrimidine, oxaliplatin, and irinotecan based chemotherapy

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- Other oncologic direct treatment uses listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- KRAS G12C mutation confirmed by an FDA approved test
- Liver function tests: ALT, AST, total bilirubin
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1

Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the U.S. Food and Drug Administration (FDA)

Safety

- No concomitant use with strong CYP3A4 inducers (e.g., carbamazepine, phenobarbital, phenytoin, rifampin, etc.)
- Does not have any drug interactions requiring discontinuation

Documentation Requirements

- A completed request form must be submitted, including:
 - Chart notes
 - Lab results
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration:

- 6 months OR end of plan year
-

Criteria for Continuation of Therapy (renewal therapy)

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualification

- Continues to be seen by an oncologist or is in consultation with an oncologist

Clinical Response

- No evidence of disease progression or unacceptable toxicity

Adherence

- Adherence to the prescribed therapy regimen has been documented
- Using at least 240 mg daily

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- No more than two dose reductions for adverse effects

Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No significant adverse drug effects such as:
 - Hepatotoxicity (AST or ALT greater than 3 times ULN with total bilirubin greater than 2 times ULN in absence of alternative causes)
 - Interstitial lung disease or pneumonitis
 - No concomitant use with strong CYP3A4 inducers (e.g., carbamazepine, phenobarbital, phenytoin, rifampin, etc.)

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

Continuation Therapy Criteria Approval Duration:

- 12 months OR end of plan year
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Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
 2. Off-Label Use of Cancer Medications
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Description:

Lumakras (sotorasib) is an inhibitor of the RAS GTPase family indicated for the treatment of adult patients with *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. This indication is approved under accelerated approval based on overall response rate (ORR) and duration of response (DOR). Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s). Lumakras (sotorasib), in combination with panitumumab, is indicated for the treatment of adult patients with *KRAS G12C*-mutated metastatic colorectal cancer (mCRC), as determined by an FDA-approved test, who have received prior fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy.

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Sotorasib is an inhibitor of KRAS G12C, a tumor-restricted, mutant-oncogenic form of the RAS GTPase, KRAS. Sotorasib forms an irreversible, covalent bond with the unique cysteine of KRAS G12C, locking the protein in an inactive state that prevents downstream signaling without affecting wild-type KRAS. Sotorasib blocks KRAS signaling, inhibits cell growth, and promotes apoptosis only in *KRAS G12C* tumor cell lines.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Anti-PD-1/PD-L1 immunotherapy, Immune Checkpoint inhibitors for NSCLC:

- Tecentriq (atezolizumab) Injection
- Libtayo (cemiplimab-rwlc) Injection
- Imfinzi (durvalumab) Injection
- Yervoy (ipilimumab) Injection
- Opdivo (nivolumab) Injection
- Keytruda (pembrolizumab) Injection

Platinum based therapy:

- Paraplatin (carboplatin) Injection
- Cisplatin Injection

Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0:

Grade 1	Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2	Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL*
Grade 3	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self-care ADL**
Grade 4	Life-threatening consequences; urgent intervention indicated
Grade 5	Death related to AE
U.S. department of Health and Human Services, National Institutes of Health, and National Cancer Institute	

ECOG Performance status:

Eastern Co-operative Oncology Group (ECOG) Performance Status	
Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead

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Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982

NCCN recommendation definitions:

Category 1:

Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:

Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:

Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:

Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

Resources:

Lumakras (sotorasib) product information, revised by Amgen, Inc. 01-2025. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed May 08, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Non-Small Cell Lung Cancer Version 3.2025. Updated January 14, 2025. Available at <https://www.nccn.org>. Accessed May 08, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Colon Cancer Version 3.2025. Updated April 24, 2025. Available at <https://www.nccn.org>. Accessed May 08, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Rectal Cancer Version 2.2025. Updated March 31, 2025. Available at <https://www.nccn.org>. Accessed May 08, 2025.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.