

**Lumakras (sotorasib)**  
Effective 04/01/2022

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Lumakras is indicated for the treatment of KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an approved test, in adults who have received at least 1 prior systemic therapy.

### Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Lumakras, excluding when the product is obtained as samples or via manufacturer’s patient assistance program

**OR**

Approval of Lumakras will be granted if the member meets all following criteria and documentation has been submitted:

1. The member has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
2. Cancer has KRAS G12C mutation
3. The prescriber is an oncologist
4. The member has had inadequate response or adverse reaction to at least one prior systemic therapy or contraindication to the use of systemic therapy

### Continuation of Therapy

Reauthorizations requires physician documentation of continuation of therapy and positive response to therapy.

### Limitations

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



Lumakras 120mg	240 tablets per 30 days
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**References**

1. Lumakras (sotorasib) [prescribing information]. Thousand Oaks, CA: Amgen Inc; May 2021.

**Review History**

03/16/2022 - Reviewed and Created at Jan P&T. Effective 04/01/2022.

**Disclaimer**

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