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Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	June 25, 2021
Subject:	Lumakras	**Page:**	1 of 4

Last Review Date: March 7, 2025

Lumakras

Description

Lumakras (sotorasib)

Background

Lumakras (sotorasib) is an inhibitor of KRAS G12C, a tumor-restricted, mutant-oncogenic form of the RAS GTPase, KRAS. Lumakras 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. Lumakras blocks KRAS signaling, inhibits cell growth, and promotes apoptosis only in *KRAS G12C* tumor cell lines (1).

Regulatory Status

FDA-approved indication: Lumakras is an inhibitor of the RAS GTPase family indicated for: (1)

- *KRAS* G12C-mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer (NSCLC)
  - As a single agent, for the treatment of adult patients with *KRAS* G12C-mutated locally advanced or metastatic NSCLC, as determined by an FDA-approved test, who have received at least one prior systemic therapy.
- KRAS G12C-mutated Metastatic Colorectal Cancer (mCRC)
  - In combination with panitumumab, for the treatment of adult patients with KRAS G12C-mutated mCRC as determined by an FDA-approved test, who have received prior fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy.

Lumakras has warnings regarding hepatotoxicity and interstitial lung disease (ILD)/pneumonitis. Liver function tests (ALT, AST, alkaline phosphatase, and total bilirubin) should be monitored

prior to the start of Lumakras, every 3 weeks for the first 3 months of treatment, then once a month or as clinically indicated (1).

The safety and effectiveness of Lumakras in pediatric patients less than 18 years of age have not been established (1).

Related policies
Krazati

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Lumakras may be considered **medically necessary** if the conditions indicated below are met.

Lumakras may be considered **investigational** for all other indications.

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 *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)

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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 960 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

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) and metastatic colorectal cancer (mCRC). Lumakras has warnings regarding

hepatotoxicity and interstitial lung disease (ILD)/pneumonitis. The safety and effectiveness of Lumakras in pediatric patients less than 18 years of age have not been established (1-2).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Lumakras while maintaining optimal therapeutic outcomes.

References

1. Lumakras [package insert]. Thousand Oaks, CA: Amgen Inc.; January 2025.
2. NCCN Drugs & Biologics Compendium® Sotorasib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 27, 2025.

Policy History

Date	Action
June 2021	Addition to PA
September 2021	Annual review and reference update
March 2022	Annual review and reference update
February 2023	Addition of new strength 320 mg tablet and revised quantity chart to 960 mg per day
March 2023	Annual review and reference update
March 2024	Annual review and reference update
December 2024	Annual review and reference update
January 2025	Per PI update, added indication of KRAS G12C-mutated metastatic colorectal cancer. Added monitoring of alkaline phosphatase to requirement. Also added that NSCLC must be used as a single agent
March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.