

Prescriber Criteria Form

Krazati 2025 PA Fax 5702-A v3 010125.docx  
 Krazati (adagrasib)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Krazati (adagrasib).

Drug Name:  
 Krazati (adagrasib)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**Please circle the appropriate answer for each question.**

1	Does the patient have a diagnosis of central nervous system (CNS) brain metastases from KRAS G12C-positive non-small cell lung cancer (NSCLC)? [If yes, then no further questions.]	Yes	No
2	Does the patient have a diagnosis of non-small cell lung cancer (NSCLC)? [If no, then skip to question 6.]	Yes	No
3	Is the disease locally advanced, recurrent, or metastatic? [If no, then no further questions.]	Yes	No
4	Does the patient have a KRAS G12C mutation? [If no, then no further questions.]	Yes	No
5	Has the patient received at least one prior systemic therapy? [No further questions.]	Yes	No
6	Does the patient have a diagnosis of colorectal cancer (CRC)? [If no, then skip to question 9.]	Yes	No
7	Is the disease advanced or metastatic? [If no, then no further questions.]	Yes	No

8	Does the patient have a KRAS G12C mutation? [No further questions.]	Yes	No
9	Does the patient have a diagnosis of KRAS G12C-positive pancreatic adenocarcinoma?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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