Clinical Policy Title:	Avmapki-Fakzynja Co-Pack
Policy Number:	RxA.916
Drug(s) Applied:	Avmapki-Fakzynja
Original Policy Date:	12/11/2025
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) (must meet all):

1. Diagnosis of KRAS-mutated recurrent LGSOC;
2. Disease is unresectable;
3. Patient has received at least one prior therapy, including a platinum-based regimen

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Indication (must meet all)**:**

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Banerjee SN, Van Nieuwenhuysen E, Aghajanian C, et al. Efficacy and Safety of Avutometinib ± Defactinib in Recurrent Low-Grade Serous Ovarian Cancer: Primary Analysis of ENGOT-OV60/GOG-3052/RAMP 201. J Clin Oncol. 2025;43(25):2782-2792. doi:10.1200/JCO-25-00112

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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