

**Prescriber Criteria Form**

Alecensa 2026 PA Fax 1322-A v2 010126.docx  
Alecensa (alectinib)  
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 Alecensa (alectinib).

Drug Name:  
Alecensa (alectinib)

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

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

1	Does the patient have a diagnosis of brain metastases from non-small cell lung cancer (NSCLC)? [If yes, then skip to question 7.]	Yes	No
2	Does the patient have a diagnosis of non-small cell lung cancer (NSCLC)? [If no, then skip to question 5.]	Yes	No
3	Does the patient have recurrent, advanced, or metastatic disease? [If yes, then skip to question 7.]	Yes	No
4	Will the requested drug be used as adjuvant treatment following tumor resection? [If yes, then skip to question 7.] [If no, then no further questions.]	Yes	No
5	Does the patient have a diagnosis of anaplastic large cell lymphoma (ALCL)? [If yes, then skip to question 7.]	Yes	No
6	Does the patient have a diagnosis of large B-cell lymphoma? [If no, then skip to question 8.]	Yes	No
7	Is the disease anaplastic lymphoma kinase (ALK)-positive? [No further questions.]	Yes	No

8	Does the patient have a diagnosis of Erdheim-Chester disease (ECD)? [If no, then skip to question 10.]	Yes	No
9	Does the patient's disease have anaplastic lymphoma kinase (ALK)-fusion? [No further questions.]	Yes	No
10	Does the patient have a diagnosis of inflammatory myofibroblastic tumor (IMT) (including advanced, recurrent/metastatic, or inoperable uterine sarcoma for IMT)? [If no, then no further questions.]	Yes	No
11	Does the disease have an anaplastic lymphoma kinase (ALK) translocation?	Yes	No

Comments:	

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.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_