

Prescriber Criteria Form

Xalkori 2026 PA Fax 697-A v1 010126.docx

Xalkori (crizotinib)

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 Xalkori (crizotinib).

Drug Name:  
Xalkori (crizotinib)

**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 non-small cell lung cancer? [If no, then skip to question 8.]	Yes	No
2	Does the disease meet BOTH of the following: A) recurrent, advanced, or metastatic, B) anaplastic lymphoma kinase (ALK)-fusion positive? [If no, then skip to question 4.]	Yes	No
3	Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to ONE of the following products: A) Alecensa (alectinib), B) Alunbrig (brigatinib)? [No further questions.]	Yes	No
4	Does the disease meet BOTH of the following: A) recurrent, advanced, or metastatic, B) ROS proto-oncogene 1 (ROS1)-positive? [If yes, then no further questions.]	Yes	No
5	Does the disease have high-level mesenchymal epithelial transition factor (MET) amplification? [If yes, then no further questions.]	Yes	No
6	Is the disease positive for mesenchymal epithelial transition factor (MET) exon 14 skipping mutation? [If no, then no further questions.]	Yes	No

7	Is the disease recurrent, advanced, or metastatic? [No further questions.]	Yes	No
8	Does the patient have a diagnosis of anaplastic large cell lymphoma (ALCL)? [If no, then skip to question 10.]	Yes	No
9	Does the disease meet BOTH of the following: A) relapsed or refractory, B) anaplastic lymphoma kinase (ALK)-positive? [No further questions.]	Yes	No
10	Does the patient have a diagnosis of inflammatory myofibroblastic tumor (IMT) with anaplastic lymphoma kinase (ALK) translocation (including advanced, recurrent/metastatic, or inoperable uterine sarcoma for IMT with ALK translocation)? [If yes, then no further questions.]	Yes	No
11	Does the patient have EITHER of the following diagnoses: A) Erdheim-Chester disease, B) Rosai-Dorfman disease? [If no, then skip to question 13.]	Yes	No
12	Is the disease symptomatic or relapsed/refractory? [If yes, then skip to question 14.] [If no, then no further questions.]	Yes	No
13	Does the patient have a diagnosis of Langerhans cell histiocytosis? [If no, then skip to question 15.]	Yes	No
14	Is the disease anaplastic lymphoma kinase (ALK)-fusion positive? [No further questions.]	Yes	No
15	Does the patient have a diagnosis of cutaneous melanoma? [If no, then no further questions.]	Yes	No
16	Does the disease meet BOTH of the following: A) metastatic or unresectable, B) ROS proto-oncogene 1 (ROS1) gene fusion-positive?	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.
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Prescriber (or Authorized) Signature: _____	Date: _____
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