

Prescriber Criteria Form

Zykadia 2026 PA Fax 1136-A v1 010126.docx
Zykadia (ceritinib)
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 Zykadia (ceritinib).

Drug Name:
Zykadia (ceritinib)

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 that is anaplastic lymphoma kinase (ALK-positive)? [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 7.]	Yes	No
3	Is the disease anaplastic lymphoma kinase (ALK)-positive? [If no, then no skip to question 6.]	Yes	No
4	Is the disease recurrent, advanced, or metastatic? [If no, then no further questions.]	Yes	No
5	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
6	Does the disease meet BOTH of the following: A) recurrent, advanced, or metastatic, B) ROS proto-oncogene 1 (ROS1)-positive? [No further questions.]	Yes	No

7	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
8	Does the patient have a diagnosis of symptomatic or relapsed/refractory Erdheim-Chester disease (ECD)? [If no, then skip to question 10.]	Yes	No
9	Is the disease anaplastic lymphoma kinase (ALK)-fusion positive? [No further questions.]	Yes	No
10	Does the patient have a diagnosis of anaplastic large cell lymphoma (ALCL)? [If no, then no further questions]	Yes	No
11	Does the disease meet BOTH of the following: A) relapsed or refractory, B) anaplastic lymphoma kinase (ALK)-positive?	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:** _____