

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:
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**Prescriber Name:**

**Prescriber Address:**

City:	State:	Zip:
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Prescriber Phone:	Prescriber Fax:
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Diagnosis:	ICD Code(s):
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**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:	_____
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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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