

Prescriber Criteria Form

Zykadia 2025 PA Fax 1136-A v2 010125.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)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

<b>Please circle the appropriate answer for each question.</b>			
1	Does the patient have a diagnosis of brain metastases from non-small cell lung cancer? [If yes, then skip to question 8.]	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 recurrent, advanced, or metastatic? [If no, then no further questions.]	Yes	No
4	Is the disease anaplastic lymphoma kinase (ALK) positive? [If no, then skip to question 6.]	Yes	No
5	Has the patient experienced an inadequate treatment response, intolerance, or has a contraindication to one of the following products: Alecensa (alectinib) or Alunbrig (brigatinib)? [No further questions.]	Yes	No
6	Is the disease positive for a ROS proto-oncogene 1 (ROS1)? [No further questions]	Yes	No
7	Does the patient have a diagnosis of inflammatory myofibroblastic tumor (IMT)? [If no, then skip to question 9.]	Yes	No

8	Is the disease anaplastic lymphoma kinase (ALK)-positive? [No further questions.]	Yes	No
9	Does the patient have a diagnosis of Erdheim-Chester disease (ECD)? [If no, then skip to question 11.]	Yes	No
10	Does the patient's disease have anaplastic lymphoma kinase (ALK)-fusion? [No further questions.]	Yes	No
11	Does the patient have a diagnosis of ALK-positive anaplastic large cell lymphoma (ALCL) [If no, then no further questions.]	Yes	No
12	Is this disease relapsed or refractory?	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.

<b>Prescriber (or Authorized) Signature:</b> _____ <b>Date:</b> _____
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