

Products Affected

– ZYKADIA 150MG TAB (New Starts Only)

| PA Criteria | Criteria Details |
|------------------------|--|
| Covered Uses | All FDA-approved indications not otherwise excluded from Part D. |
| Exclusion Criteria | |
| Required Medical Info | Documentation is provided of ALK-positive disease. |
| Age Restrictions | |
| Prescriber Restriction | |
| Coverage Duration | Approved for duration of 1 year. |
| Other Criteria | |

Pending CMS Approval