

Medicare Part D – 2016**Prior Authorization Group Description:**

ALECENSA

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

Documentation that the patient does or does not have anaplastic lymphoma kinase (ALK)-positive disease

Age Restrictions:**Prescriber Restrictions:**

Oncologist

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to Xalkori (crizotinib)