



Medicare Part D – 2016

Prior Authorization Group Description

ZYKADIA

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

Diagnosis of ALK-positive NSCLC as detected by an FDA-approved test.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effect to Xalkori (crizotinib)