























































































































































































































































































































































































































































































































































































































































## Products Affected

– ZYKADIA 150MG TAB (New Starts Only)

| <b>PA Criteria</b>     | <b>Criteria Details</b>  |
|------------------------|--|
| 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