



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

CRIZOTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CRIZOTINIB	XALKORI	37916		GPI-10 (2153051700)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ONE** of the following criteria?
 - The patient's tumors are anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test
 - The patient's tumors are ROS1-positive as detected by an FDA-approved test

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, continue to #2.

2. Does the patient have a diagnosis of relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) and meet **ALL** of the following criteria?
 - The patient is 1 year of age or older
 - The patient's tumors are anaplastic lymphoma kinase (ALK)-positive

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
If no, continue to #3.

3. Does the patient have a diagnosis of unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT) and meet **ALL** of the following criteria?
 - The patient is 1 year of age or older
 - The patient's tumors are anaplastic lymphoma kinase (ALK)-positive

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **CRIZOTINIB (Xalkori)** requires the following rule(s) be met for approval:

- A. You have **ONE** of the following diagnoses:
 1. Metastatic non-small cell lung cancer (NSCLC: type of lung cancer that has spread to other parts of the body)
 2. Relapsed (disease that has returned) or refractory (disease does not respond to treatment), systemic anaplastic large cell lymphoma (ALCL: type of blood cell cancer)
 3. Unresectable (unable to remove by surgery), recurrent, or refractory (disease does not respond to treatment) inflammatory myofibroblastic tumor (IMT: a rare type of tumor)

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GUIDELINES FOR USE (CONTINUED)

- B. **If you have metastatic non-small cell lung cancer, approval also requires:**
 1. Your tumors are anaplastic lymphoma kinase (ALK: a type of enzyme)-positive or ROS1 (a type of gene)-positive as detected by a Food and Drug Administration (FDA)-approved test
- C. **If you have relapsed or refractory systemic anaplastic large cell lymphoma, approval also requires:**
 1. You are 1 year of age or older
 2. Your tumors are anaplastic lymphoma kinase (ALK: a type of enzyme)-positive
- D. **If you have unresectable, recurrent, or refractory inflammatory myofibroblastic tumor, approval also requires:**
 1. You are 1 year of age or older
 2. Your tumors are anaplastic lymphoma kinase (ALK: a type of enzyme)-positive

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Xalkori.

REFERENCE

- Xalkori [Prescribing Information]. New York, New York: Pfizer; July 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/29/22

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P&T Approval: 10/22