UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1365-6
Program	Non-Formulary
Medication	Zykadia® (ceritinib)*
P&T Approval Date	7/2021, 2/2022, 4/2022, 4/2023, 2/2024, 2/2025
Effective Date	5/1/2025

1. Background:

Zykadia (ceritinib) is a kinase inhibitor indicated for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) as detected by an FDA-approved test. The National Cancer Comprehensive Network (NCCN) also recommends Zykadia as first-line therapy for ALK-positive advanced or metastatic NSCLC, for the treatment of inflammatory myofibroblastic tumor (IMT) with ALK translocation,in treatment of ALK-positive brain metastases from NSCLC, in the treatment of ALK-positive Erdheim-Chester Disease, advanced, recurrent, metastatic, or inoperable inflammatory myofibroblastic tumor (IMT) with positive ALK translocation, and ALK-positive relapsed or refractory anaplastic large cell lymphoma as palliative intent therapy or second-line and subsequent therapy.

Coverage Information:
Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria[a]:

A. <u>Patients less than 19 years of age</u>

1. **Zykadia*** will be approved based on the following criterion:

   a. Member is less than 19 years of age

   Authorization will be issued for 12 months.

B. <u>Non-Small Cell Lung Cancer (NSCLC)</u>

1. **<u>Initial Authorization</u>**

   a. **Zykadia*** will be approved based on **<u>all</u>** of the following criteria:

      (1) Diagnosis of non-small cell lung cancer (NSCLC)

-AND-

(2) **One** of the following:

(a) Disease is metastatic
(b) Disease is recurrent
(c) Disease is advanced

-AND-

(3) **Both** of the following:

(a) Tumor is anaplastic lymphoma kinase (ALK)-positive

-AND-

(b) **One** of the following:

i. Provider attests the patient has a contraindication, history of intolerance, or that the patient is not an appropriate candidate (document reason) to **all** of the following therapies:

- Alecensa (alectinib)
- Alunbrig (brigatinib)
- Lorbrena (lorlatinib)

-OR-

ii. Both of the following:

- Patient is currently on Zykadia therapy

-AND-

- Patient has **not** received a manufacturer supplied sample at no cost from a prescriber's office, or any form of assistance from a Novartis patient assistance program (e.g. sample card which can be redeemed at a pharmacy for a free supply of medication) or a 30 day free trial from a pharmacy as a means to establish as a current user of Zykadia*

*Patients requesting initial authorization who were established on therapy via the receipt of a manufacturer supplied sample at no cost in the prescriber's office or any form of assistance from a Novartis patient assistance program shall be required to meet initial authorization criteria as if patient were new to therapy.

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Zykadia therapy

Authorization will be issued for 12 months.

C. Soft Tissue Sarcoma

1. **Initial Authorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Diagnosis of inflammatory myofibroblastic tumor (IMT) with ALK translocation

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Zykadia therapy

Authorization will be issued for 12 months.

D. Central Nervous System (CNS) Cancers

1. **Initial Authorization**

a. **Zykadia** will be approved based on **both** of the following criteria:

(1) Diagnosis of metastatic brain cancer from NSCLC

-AND-

(2) Tumor is anaplastic lymphoma kinase (ALK)-positive

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Zykadia therapy

Authorization will be issued for 12 months.

E. Histiocytic Neoplasms

1. **Initial Authorization**

a. **Zykadia** will be approved based on **all** the following criteria:

(1) Diagnosis of Erdheim-Chester Disease

-AND-

(2) Disease is positive for ALK rearrangement

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on **Zykadia** therapy.

Authorization will be issued for 12 months.

F. Anaplastic Large Cell Lymphoma

1. **Initial Authorization**

a. **Zykadia** will be approved based on **all** of the following criteria:

(1) Diagnosis of anaplastic large cell lymphoma

-AND-

(2) Tumor is anaplastic lymphoma kinase (ALK)-positive

-AND-

(3) Disease is relapsed or refractory

-AND-

(4) Used as palliative intent therapy or second-line and subsequent therapy

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Zykadia** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Zykadia therapy

Authorization will be issued for 12 months.

G. NCCN Recommended Regimens

The drug has been recognized for treatment of the cancer indication by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B **Authorization will be issued for 12 months.** [a] Coverage of oncology medications may be approved based on state mandates.

* Zykadia is typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Zykadia [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2021.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at www.nccn.org. Accessed January 2, 2025

Program	Non-Formulary - Zykadia (ceritinib)
Change Control	
7/2021	New program.
2/2022	Removed "Prior Authorization" from program title and kept Non-Formulary. Updated background and references. Added clinical criteria for ROS1-positive or ALK-positive brain metastases from NSCLC.
4/2022	Added oncology medications state mandate note.
4/2023	Annual review. Removed ROS-1 form CNS cancer as this is no longer NCCN recommended. Added criteria for ALK-positive Erdheim-Chester Disease per NCCN recommendations. Updated reference.
2/2024	Annual review. Updated background and coverage criteria for inoperable inflammatory myofibroblastic tumor and anaplastic large cell lymphoma per NCCN. Updated reference.
2/2025	Annual review. Removed ROS positive criteria from NSCLC as this is no longer an NCCN recommendation. Removed criteria for IMT which was duplicative as this is covered under soft tissue sarcomas. Updated background and reference.