

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



[[PANUMCODE]]

## Zykadia

### Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}  
**Patient's ID:** {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}  
**Physician's Name:** {{PHYFIRST}} {{PHYLAST}}  
**Specialty:** \_\_\_\_\_, **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}  
**Request Initiated For:** {{DRUGNAME}}

- What is the patient's diagnosis?  
 Non-small cell lung cancer (including brain metastases from non-small cell lung cancer)  
 Inflammatory myofibroblastic tumor (IMT)  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_
- Will Zykadia be used as a single agent?  Yes  No
- Has the patient already been receiving treatment with Zykadia for the disease?  
 Yes  No *If No, skip to diagnosis section.*
- Is there evidence of unacceptable toxicity or disease progression while on Zykadia therapy?  
 Yes  No *No further questions*

**Complete the following section based on the patient's diagnosis, if applicable.**

#### Section A: Non-Small Cell Lung Cancer and Brain Metastases from NSCLC

- Which of the following genetic alterations apply to the patient? **ACTION REQUIRED: If Yes, attach test result.**  
 Anaplastic lymphoma kinase (ALK)-positive NSCLC (including brain metastases from NSCLC), *skip to #8*  
 Repressor of silencing (ROS)1-positive NSCLC, *skip to #8*  
 None of the above or unknown
- Is there evidence of unacceptable toxicity while on Zykadia therapy?  
 Yes  No *No further questions*
- How is the patient's disease classified?  
 Recurrent  
 Advanced  
 Metastatic  
 Other \_\_\_\_\_

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization. Fax: 1-866-249-6155**

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Section B: Inflammatory Myofibroblastic Tumor

9. Is the tumor anaplastic lymphoma kinase (ALK)-positive? ***ACTION REQUIRED: If Yes, attach test result.***  
 Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X**

\_\_\_\_\_  
**Prescriber or Authorized Signature**

\_\_\_\_\_  
**Date (mm/dd/yy)**

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