UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1137-12
Program	Prior Authorization/Notification
Medication	Zykadia® (ceritinib)
P&T Approval Date	7/2014, 7/2015, 6/2016, 6/2017, 6/2018, 6/2019, 6/2020, 6/2021, 2/2022, 2/2023, 2/2024
Effective Date	5/1/2024

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 or ROS proto-oncogene 1 (ROS1)-positive recurrent, 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) **One** of the following:

(a) Tumor is ALK-positive
(b) Tumor is ROS1-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.

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. Inflammatory Myofibroblastic Tumor (IMT)

1. **Initial Authorization**

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

(1) Diagnosis of advanced, recurrent, metastatic, or inoperable inflammatory myofibroblastic tumor (IMT)

-AND-

(2) Disease is positive for 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.

G. 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.

H. 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] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization

management programs may apply.

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 December 27, 2023

Program	Prior Authorization/Notification - Zykadia (ceritinib)
Change Control	
7/2014	New program.
9/2014	Administrative change - Tried/Failed exemption for State of New Jersey removed.
7/2015	Annual review. Updated NSCLC criteria and increased authorization from 7 months to 12 months. Added new criteria for IMT per NCCN. Updated background & references.
6/2016	Annual review. No changes to clinical rationale. Updated references.
6/2017	Annual review. Updated background information and criteria removing requirement of crizotinib failure to align with NCCN recommendations.
6/2018	Annual review. Updated background information and criteria to include first line use for ROS1-positive NSCLC to align with NCCN recommendations.
6/2019	Annual review with no change to coverage criteria. Updated references.
6/2020	Annual review. Added general NCCN recommendations for use criteria. Updated references.
6/2021	Annual review. Added advanced disease to NSCLC criteria. Updated reference.
2/2022	Updated background and references. Added clinical criteria for ROS1-positive or ALK-positive brain metastases from NSCLC.
2/2023	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. Added state mandate footnote.
2/2024	Annual review. Updated background and coverage criteria for inoperable inflammatory myofibroblastic tumor and anaplastic large cell lymphoma per NCCN. Updated reference.