

Specialty Guideline Management

Zykadia

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
|------------|--------------|
| Zykadia | ceritinib |

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

Zykadia is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test.

Compendial Uses²

- NSCLC, recurrent, advanced or metastatic ALK rearrangement-positive or ROS1 rearrangement-positive tumors
- Inflammatory myofibroblastic tumor (IMT) with ALK translocation
- Brain metastases from ALK rearrangement-positive NSCLC
- Erdheim-Chester Disease (ECD) with ALK-fusion

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review: ALK mutation or translocation status or ROS-1 mutation status (where applicable).

Coverage Criteria

Non-Small Cell Lung Cancer (NSCLC)^{1,2}

Authorization of 12 months may be granted for treatment of NSCLC as a single agent when the member meets either of the following criteria:

- Member has recurrent, advanced, or metastatic ALK-positive NSCLC (including brain metastases from NSCLC).
- Member has recurrent, advanced, or metastatic ROS1-positive NSCLC.

Anaplastic Large Cell Lymphoma (ALCL)²

Authorization of 12 months may be granted for initial palliative therapy or treatment of relapsed/refractory ALK-positive ALCL as a single agent.

Inflammatory Myofibroblastic Tumor (IMT)²

Authorization of 12 months may be granted for treatment of ALK-positive IMT as a single agent when either of the following criteria are met:

- The member has uterine sarcoma and the disease is advanced, recurrent, metastatic, or inoperable
- The member has a soft tissue sarcoma (not including uterine sarcoma)

Erdheim-Chester Disease (ECD)²

Authorization of 12 months may be granted for treatment of symptomatic or relapsed/refractory ALK-positive Erdheim-Chester Disease as a single agent.

Continuation of Therapy

Non-Small Cell Lung Cancer (NSCLC)^{1,2,3}

Authorization of 12 months may be granted for continued treatment of non-small cell lung cancer (NSCLC)

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|---------------------|
| Reference number(s) |
| 1668-A |

in members requesting reauthorization when there is no evidence of unacceptable toxicity while on the current regimen.

All Other Indications²

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for all other indications listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Zykadia [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; October 2021.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed March 14, 2024.
3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Non-Small Cell Lung Cancer. Version 3.2024. Accessed March 14, 2024. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf