Reference number(s)
7553-A

Specialty Guideline Management
Jideytro

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
Jideytro	zidesamtinib

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 Indication[1]

Jideytro is indicated for the treatment of adult patients with locally advanced or metastatic ROS-1 positive non-small cell lung cancer (NSCLC) who received a prior ROS1 kinase inhibitor.

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: laboratory report confirming ROS1 mutation status.

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Coverage Criteria

Non-Small Cell Lung Cancer (NSCLC)[1]

Authorization of 12 months may be granted for the treatment of locally advanced or metastatic ROS-1 positive NSCLC, as a single agent, when the member has previously received a ROS1 kinase inhibitor.

Continuation of Therapy

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

References

1. Jideytro [package insert]. Cambridge, MA: Nuvalent Inc.; July 2026.