State of Oklahoma
SoonerCare
Xalkori® (Crizotinib) Prior Authorization Form

OKLAHOMA Health Care Authority

Member Name:_____ Date of Birth:_____ Member ID#:_____

Drug Information

Pharmacy billing (NDC:_____) Start Date (or date of next dose):_____

Dose:_____ Regimen:_____

Billing Provider Information

Provider NPI:_____ Provider Name:_____

Provider Phone:_____ Provider Fax:_____

Prescriber Information

Prescriber NPI:_____ Prescriber Name:_____

Prescriber Phone:_____ Prescriber Fax:_____ Specialty:_____

Criteria

For Initial Authorization (Initial approval will be for the duration of 6 months):
1. Please indicate diagnosis and information:
    - ❑ **Non-Small Cell Lung Cancer (NSCLC)**
        - A. Metastatic NSCLC (first-line or subsequent therapy)? Yes____ No____
        - B. Is disease anaplastic lymphoma kinase (ALK) or *ROS1* positive? Yes____ No____
        - C. MET amplification? Yes____ No____
        - D. Will crizotinib be used as a single-agent only? Yes____ No____
    - ❑ **Soft Tissue Sarcoma**
        - A. Diagnosis of soft tissue sarcoma—Inflammatory Myofibroblastic Tumor (IMT)? Yes___ No___
        - B. Is disease ALK positive? Yes____ No____
        - C. Will crizotinib be used as a single-agent only? Yes____ No____
    - ❑ **Anaplastic Large Cell Lymphoma (ALCL)**
        - A. Is disease ALK positive? Yes____ No____
        - B. Is disease relapsed or refractory? Yes____ No____
        - C. Will crizotinib be used as a single agent? Yes____ No____
    - ❑ **Other, please provide diagnosis:_____**

Additional Information:_____
_____

For Continued Authorization:
1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on crizotinib? Yes____ No____
3. Has the member experienced adverse drug reactions related to crizotinib therapy? Yes____ No____
If yes, please specify adverse reactions:_____
_____

Additional Information:_____
_____

Prescriber Signature: _____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.
Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.