

Clinical Policy Title:	Antimetabolites – ALK inhibitors/Tropomyosin Receptor Kinase Inhibitors
Policy Number:	RxA.919
Drug(s) Applied:	Xalkori (crizotinib)
Original Policy Date:	12/11/2025
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (must meet all):

1. Diagnosis of recurrent or metastatic NSCLC;
2. Meets one of the following (a or b):
 - a. Disease is anaplastic lymphoma kinase (ALK) positive tumor;
 - b. Disease is ROS1 or MET rearrangement-positive tumor.

Approval duration

All Lines of Business (except Medicare): 12 months

B. Anaplastic Large Cell Lymphoma (must meet all):

1. Diagnosis relapsed or refractory anaplastic large cell lymphoma;
2. Disease is ALK positive tumor.

Approval duration

All Lines of Business (except Medicare): 12 months

C. Inflammatory Myofibroblastic Tumor (must meet all):

1. Diagnosis of unresectable, recurrent, or refractory inflammatory myofibroblastic tumor;
2. Disease is ALK positive tumor.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Indication (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Non-Small Cell Lung Cancer Version 2.2026. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	12/11/2025	12/11/2025