

Prescriber Criteria Form
 Lorbrena 2026 PA Fax 2788-A v1 010126.docx
 Lorbrena (lorlatinib)
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Lorbrena (lorlatinib).

Drug Name:
Lorbrena (lorlatinib)

Patient Name:

Patient ID:

Patient DOB:	Patient Phone:
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Prescriber Name:

Prescriber Address:

City:	State:	Zip:
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Prescriber Phone:	Prescriber Fax:
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Diagnosis:	ICD Code(s):
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Please circle the appropriate answer for each question.

1	Does the patient have a diagnosis of central nervous system (CNS) brain metastases from anaplastic lymphoma kinase (ALK) rearrangement-positive non-small cell lung cancer (NSCLC)? [If yes, then no further questions.]	Yes	No
2	Does the patient have a diagnosis of recurrent, advanced, or metastatic non-small cell lung cancer (NSCLC)? [If no, then skip to question 7.]	Yes	No
3	Is the disease anaplastic lymphoma kinase (ALK)-positive? [If no, then no skip to question 5.]	Yes	No
4	Has the patient experienced an inadequate treatment response, intolerance, or has a contraindication to one of the following: A) Alecensa (alectinib), B) Alunbrig (brigatinib)? [No further questions.]	Yes	No
5	Is the disease positive for proto-oncogene tyrosine-protein kinase ROS1 (ROS1) rearrangement? [If no, then no further questions.]	Yes	No
6	Is the drug being requested for treatment following disease progression on one of the following: A) crizotinib, B) entrectinib, C) ceritinib, D) repotrectinib? [No further questions.]	Yes	No

7	Does the patient have a diagnosis of symptomatic, relapsed, or refractory anaplastic lymphoma kinase (ALK)-positive Erdheim-Chester Disease? [If yes, then no further questions.]	Yes	No
8	Does the patient have a diagnosis of inflammatory myofibroblastic tumor (IMT) with anaplastic lymphoma kinase (ALK) translocation (including advanced, recurrent/metastatic, or inoperable uterine sarcoma for IMT with ALK translocation)? [If yes, then no further questions.]	Yes	No
9	Does the patient have a diagnosis of relapsed or refractory anaplastic lymphoma kinase (ALK)-positive diffuse large B-cell lymphoma? [If yes, then no further questions.]	Yes	No
10	Does the patient have a diagnosis of relapsed or refractory anaplastic lymphoma kinase (ALK)-positive peripheral T-Cell lymphoma?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____	Date: _____
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