

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)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**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:** \_\_\_\_\_