Prescriber Criteria Form
Lorbrena 2025 PA Fax 2788-A v2 010125.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:**	
Prescriber Name:		
Prescriber Address:		
City:	**State:**	**Zip:**
Prescriber Phone:	**Prescriber Fax:**	
Diagnosis:	**ICD Code(s):**	

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 crizotinib, entrectinib, or ceritinib? [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?	Yes ◯	No ◯

Comments:	_____

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:**_____