

Prescriber Criteria Form

Lorbrena 2024 PA Fax 2788-A v1 010124.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 recurrent, advanced, or metastatic non-small cell lung cancer (NSCLC)? [If no, then skip to question 3.]	Yes	No
2	Is the disease anaplastic lymphoma kinase (ALK)-positive? [If yes, then no further questions.] [If no, then skip to question 5.]	Yes	No
3	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
4	Does the patient have a diagnosis of inflammatory myofibroblastic tumor (IMT) with anaplastic lymphoma kinase (ALK) translocation? [No further questions.]	Yes	No
5	Is the disease positive for a repressor of silencing (ROS)-1 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?	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.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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