STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LORLATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LORLATINIB	LORBRENA	45448		GPI-10 (2153055600)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient's tumors are anaplastic lymphoma kinase (ALK) - positive as detected by an FDA-approved test

   If yes, **approve for 12 months by GPID or GPI-14 for all strengths with the following quantity limits:**
   - **Lorbrena 25mg: #3 per day.**
   - **Lorbrena 100mg: #1 per day.**

   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **LORLATINIB (Lorbrena)** requires the following rule(s) be met for approval:
   A. You have metastatic non-small cell lung cancer (NSCLC: type of lung cancer that has spread to other parts of the body)
   B. You are 18 years of age or older
   C. Your tumors are anaplastic lymphoma kinase (ALK: type of enzyme) - positive which is shown by an FDA (Federal and Drug Administration) approved test

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Lorbrena.

REFERENCES

- Lorbrena [Prescribing Information]. New York, NY: Pfizer, Inc.; March 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/10/21
Created: 03/19
Client Approval: 03/21
P&T Approval: 04/21