STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LORLATINIB

Generic	Brand	HICL	GCN	Exception/Other
LORLATINIB	LORBRENA	45448		

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) **AND** meet the following criterion?
   - Presence of anaplastic lymphoma kinase (ALK-) positive tumors

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Has the patient experienced disease progression on at least **ONE** of the following regimens?
   - Crizotinib and at least one other ALK inhibitor for metastatic disease
   - Alectinib as the first ALK inhibitor therapy for metastatic disease
   - Ceritinib as the first ALK inhibitor therapy for metastatic disease

   If yes, **approve for 12 months by GPID for all strengths with the following quantity limits:**
   - **Lorbrena 25 mg tablet (GPID 45687): #3 tablets per day.**
   - **Lorbrena 100mg tablet (GPID 45688): #1 tablet per day.**

   If no, do not approve.
   DENIAL TEXT: The guideline named **LORLATINIB (Lorbrena)** requires a diagnosis of anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC). In addition, approval requires that the patient has experienced disease progression on at least ONE of the following regimens:
   - Crizotinib and at least one other ALK inhibitor for metastatic disease
   - Alectinib as the first ALK inhibitor therapy for metastatic disease
   - Ceritinib as the first ALK inhibitor therapy for metastatic disease

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.; November 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/19
Created: 03/19
Client Approval: 03/19
P&T Approval: 01/19