

PHARMACY COVERAGE GUIDELINE

LORBRENA® (lorlatinib) oral Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

- **Criteria for initial therapy:** Lorbrena (lorlatinib) and/or generic equivalent (if available) are considered **medically necessary** and will be approved when **ALL** the following criteria are met:
1. Prescriber is a physician specializing in the patient’s diagnosis or is in consultation with an Oncologist
 2. Individual is 18 years of age or older
 3. Individual has a confirmed diagnosis of **ONE** of the following:
 - a. Anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC)

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- b. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A
4. Individual has received and completed **ALL** the following **baseline tests** before initiation of treatment and with continued monitoring of the individual as clinically appropriate:
 - a. Documentation of ALK-positivity in tumor specimens
 - b. Serum cholesterol and triglycerides
 - c. Electrocardiogram
 - d. Fasting serum glucose
 - e. Negative pregnancy test in a woman of childbearing potential
 - f. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0-2
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual does **NOT** have the FDA labeled contraindication of concurrent use with strong CYP3A inducers (e.g., rifampin, rifabutin, phenobarbital, carbamazepine, others)
7. Individual does not have end-stage renal disease requiring dialysis (CrCl less than 15 mL/min)
8. Individual does not have moderate to severe hepatic impairment

Initial approval duration: 6 months

➤ **Criteria for continuation of coverage (renewal request):** Lorbrena (lorlatinib) and/or generic equivalent (if available) are considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Oncologist
2. Individual's condition has responded while on therapy with response defined as there is no evidence of disease progression or unacceptable toxicity
3. Requested dose is at least 50 mg once daily
4. Individual has been adherent with the medication
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
 - a. Contraindications as listed in the criteria for initial therapy section

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- b. Significant adverse effect such as:
 - i. Life-threatening central nervous system effects
 - ii. Recurrent complete AV block
 - iii. Interstitial Lung Disease/Pneumonitis of any severity
 - iv. Severe or recurrent life-threatening hypertension not adequately controlled with medical management and dose modification
 - v. Severe or life-threatening hyperglycemia not adequately controlled with medical management and dose modification
 - vi. Severe hepatotoxicity

7. Individual does not have end-stage renal disease requiring dialysis (CrCl less than 15 mL/min)

8. Individual does not have moderate to severe hepatic impairment

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**

2. **Off-Label Use of Cancer Medications**

Description:

Lorbrena (lorlatinib) is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test.

Lorlatinib is a kinase inhibitor with in vitro activity against ALK and ROS1 as well as TYK1, FER, FPS, TRKA, TRKB, TRKC, FAK, FAK2, and ACK. Lorlatinib demonstrated in vitro activity against multiple mutant forms of the ALK enzyme, including some mutations detected in tumors at the time of disease progression on crizotinib and other ALK inhibitors.

Non-small cell lung cancer (NSCLC) accounts for about 85% of lung cancer cases. It is estimated that 75% of NSCLC patients are diagnosed late in the course of their disease and already have metastatic or advanced disease. As a result, the five-year survival rate is only 5%. Epidemiology studies suggest that approximately 3-5% of NSCLC tumors are ALK-positive.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

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Eastern Co-operative Oncology Group (ECOG) Performance Status:

Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physical strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities, up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled, cannot carry on any self-care, totally confined to bed or chair
5	Dead
Oken, MM, Creech, RH, Tormey, DC, et al.: Toxicity and Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982	

NCCN recommendation definitions:

Category 1:

Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:

Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:

Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:

Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate

Resources:

Lorbrena (lorlatinib) product information, revised by Pfizer Laboratories Div Pfizer, Inc. 08-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed January 09, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Non-Small Cell Lung Cancer Version 2.2025 – Updated January 07, 2025. Available at <https://www.nccn.org>. Accessed January 09, 2025.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.