

Lorbrena (lorlatinib)
Effective 01/01/2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Lorlatinib is a reversible potent third generation tyrosine kinase inhibitor that targets ALK and ROS1; it is highly selective, overcomes known ALK resistance mutations, and penetrates the blood brain barrier (Shaw 2017). Lorlatinib has antitumor 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. Antitumor activity of lorlatinib is dose-dependent and correlates with inhibition of ALK phosphorylation. Lorlatinib also exhibits activity against TYK1, FER, FPS, TRKA, TRKB, TRKC, FAK, FAK2, and ACK.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Lorbrena, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization of may be granted when **ALL** of the following criteria are met and documentation is submitted:

1. The member has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Cancer is ALK-positive (*Documentation must be provided on the PA request or in attached medical records*)
5. **ONE** of the following:



- a. Provider documentation of inadequate response or adverse reaction to Xalkori[®] (crizotinib) and at least one other ALK inhibitor† (*History of claims is not sufficient*)
 - b. Provider documentation of inadequate response or adverse reaction to Alecensa[®] (alectinib) or Zykadia[®] (ceritinib) (*History of claims is not sufficient*)
6. Quantity requested is ≤1 unit/day

†ALK inhibitors include: Alecensa[®] (alectinib), Alunbrig[®] (brigatinib), Zykadia[®] (ceritinib).

Continuation of Therapy

Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

Limitations

1. Approvals will be granted for 3 months.
2. Reauthorization will be granted for 6 months.
3. The following quantity limits apply:

Lorbrena	30 tablets per 30 days
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References

1. Lorbrena [package insert]. New York, NY: Pfizer, Inc.; November 2018.
2. Lexicomp [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed (June 2020).

Review History

11/20/19 – Reviewed at P&T

10/6/20 – Updated to be in compliance with the MassHealth partial unified formulary requirements; split from COMM criteria.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.