Clinical Policy: Lorlatinib (Lorbrena)

Reference Number: ERX.SPA.320
Effective Date: 03.01.19
Last Review Date: 05.20
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Lorlatinib (Lorbrena®) is a kinase inhibitor.

FDA Approved Indication(s)
Lorbrena is indicated for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) whose disease has progressed on

- Crizotinib and at least one other ALK inhibitor for metastatic disease; or
- Alectinib as the first ALK inhibitor therapy for metastatic disease; or
- Ceritinib as the first ALK inhibitor therapy for metastatic disease.

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Lorbrena is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (must meet all)**:**

1. Diagnosis of recurrent, advanced, or metastatic NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is ALK or ROS1 positive;
5. If disease is ALK positive, failure of Alecensa®, Alunbrig®, Xalkori®, or Zykadia®, unless clinically significant adverse effects are experienced or all are contraindicated;
   **Prior authorization may be required for Alecensa, Alunbrig, Xalkori, and Zykadia*
6. If tumor is ROS1 positive, failure of Rozlytrek™, Xalkori® or Zykadia, unless clinically significant adverse effects are experienced or all are contraindicated;
   **Prior authorization may be required for Rozlytrek, Xalkori, and Zykadia*
7. Request meets one of the following (a or b):*
   a. Dose does not exceed 100 mg (3 tablets) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Medicaid – 6 months
Commercial – Length of Benefit

B. Other diagnoses/indications
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Non-Small Cell Lung Cancer (must meet all)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Lorbrena for NSCLC and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 100 mg (3 tablets) per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Medicaid – 12 months
Commercial – Length of Benefit

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALK: anaplastic lymphoma kinase
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
NSCLC: non-small cell lung cancer

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Alecensa (alectinib)	600 mg PO BID	1,200 mg/day
Alunbrig (brigatinib)	90 mg PO QD for the first 7 days; if tolerated, increase to 180 mg PO QD	180 mg/day
Rozlytrek (entrectinib)	600 mg PO QD	600 mg/day
Zykadia (ceritinib)	450 mg PO QD	450 mg/day
Xalkori (crizotinib)	250 mg PO BID	500 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): concomitant use with strong CYP3A inducers
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
ALK-positive NSCLC	100 mg PO QD	100 mg/day

VI. Product Availability

Tablets: 25 mg, 100 mg

VII. References

1. Lorbrena Prescribing Information. New York, NY: Pfizer Inc; November 2018. Available at: www.pfizer.com. Accessed February 12, 2020.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed February 12, 2020.
3. National Comprehensive Cancer Network. Non-Small Cell Lung Cancer Version 2.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed February 12, 2020.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: http://www.clinicalpharmacology-ip.com/. Accessed February 12, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	12.11.18	02.19
2Q 2019 annual review: no significant changes; references reviewed and updated.	02.19.19	05.19
2Q 2020 annual review: added Medicaid line of business with 6/12 month initial/continued authorization duration; per NCCN Compendium added Xalkori as a possible redirect option for ALK-positive disease; added Rozlytrek as a possible redirect option for ROS1-positive disease; added quantity limit of 3 tablets to allow for dose adjustments; references reviewed and updated.	02.12.20	05.20

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.