BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.120

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	November 16, 2018
Subject:	Lorbrena	**Page:**	1 of 5

Last Review Date: March 7, 2025

Lorbrena

Description

Lorbrena (lorlatinib)

Background
Lorbrena (lorlatinib) is a kinase inhibitor with in vitro activity against anaplastic lymphoma kinase (ALK) and ROS1 as well as other kinases. Lorbrena 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 (1).

Regulatory Status
FDA-approved indication: Lorbrena is a kinase inhibitor 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 (1).

Lorbrena has warnings for risk of serious hepatotoxicity with concomitant use of strong CYP3A4 inducers, central nervous system effects (including seizures, hallucinations, and changes in cognitive function, mood, speech, mental status, and sleep), hyperlipidemia, atrioventricular block, interstitial lung disease/pneumonitis, hypertension, hyperglycemia and embryo-fetal toxicity (1).

Serum cholesterol and triglycerides should be monitored before initiating Lorbrena, 1 and 2 months after initiating Lorbrena, and periodically thereafter. ECG should be monitored prior to initiating Lorbrena and periodically thereafter (1).

Lorbrena can cause fetal harm when administered to a pregnant woman. Pregnant women should be advised of the potential risk to a fetus. Females of reproductive potential should be advised to use an effective non-hormonal method of contraception, since Lorbrena can render hormonal contraceptives ineffective, during treatment with Lorbrena and for at least 6 months after the final dose. Males with female partners of reproductive potential should be advised to use effective contraception during treatment with Lorbrena and for 3 months after the final dose (1).

The safety and effectiveness of Lorbrena in pediatric patients have not been established (1).

Related policies
Alecensa, Alunbrig, Xalkori, Zykadia

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Lorbrena may be considered **medically necessary** if the conditions indicated below are met.

Lorbrena may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic non-small cell lung cancer (NSCLC)

AND ALL of the following:

1. Anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test
2. Prescriber agrees to monitor the following:
    a. ECG
    b. Serum cholesterol and triglycerides

3. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Lorbrena and for 6 months after the final dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lorbrena and for 3 months after the final dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic non-small cell lung cancer (NSCLC)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor the following:
    a. ECG
    b. Serum cholesterol and triglycerides
3. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Lorbrena and for 6 months after the final dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Lorbrena and for 3 months after the final dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity
25 mg	270 tablets per 90 days **OR**
100 mg	90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Lorbrena (lorlatinib) is a kinase inhibitor indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive. Lorbrena has warnings for risk of serious hepatotoxicity with concomitant use of strong CYP3A4 inducers, central nervous system effects, hyperlipidemia, atrioventricular block, interstitial lung disease/pneumonitis, hypertension, hyperglycemia, and embryo-fetal toxicity. The safety and effectiveness of Lorbrena in pediatric patients have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Lorbrena while maintaining optimal therapeutic outcomes.

References

1. Lorbrena [package insert]. New York, NY: Pfizer Inc.; August 2024.
2. NCCN Drugs & Biologics Compendium® Lorlatinib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.

Policy History

Date	Action
November 2018	Addition to PA
March 2019	Annual review
June 2020	Annual review
March 2021	Removed requirement for patient to have disease progression following a prior therapy and added that the patient must be ALK positive as determined by an FDA-approved test. Also revised contraception requirements
June 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
June 2023	Annual review and reference update
March 2024	Annual review and reference update
December 2024	Annual review and reference update

March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.