

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Alunbrig (brigatinib)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT – 30 for 30 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Alunbrig (brigatinib) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

#### NON-SMALL CELL LUNG CANCER (NSCLC)

For **initial** authorization:

1. Member must be 18 year of age or older; AND
2. Medication must be prescribed by oncologist/hematologist; AND
3. Member has anaplastic lymphoma kinase (ALK)-positive metastatic NSCLC and progression on or intolerance to crizotinib (Xalkori); AND
4. Member does not have a history of interstitial lung disease or drug-related pneumonitis; AND
5. Member did not receive crizotinib (Xalkori) within 3 days of the first dose of brigatinib (Alunbrig).
6. **Dosage allowed:** 90 mg orally once daily for the first 7 days; if tolerated, increase to 180 mg orally once daily.

***If member meets all the requirements listed above, the medication will be approved for 6 months.***

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.***

**CareSource considers Alunbrig (brigatinib) not medically necessary for the treatment of the diseases that are not listed in this document.**

DATE	ACTION/DESCRIPTION
06/23/2017	New policy for Alunbrig created.

References:

1. Alunbrig [package insert]. Cambridge, MA; ARIAD Pharmaceuticals, Inc.: April, 2017.

Effective date: 09/01/2017

Revised date: 06/23/2017