

PHARMACY POLICY STATEMENT

Ohio Medicaid

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| 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 NOT MEDICALLY NECESSARY | Click Here |

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