

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Alunbrig (brigatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Alunbrig (brigatinib) tablets	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Alunbrig (brigatinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of recurrent, advanced or metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
- II. Disease is anaplastic lymphoma kinase (ALK)-positive;  
**OR**
- III. Individual has progressed on or is intolerant to Xalkori (crizotinib) and Alunbrig (brigatinib) was not previously given (NCCN 2A);

#### **OR**

- IV. Individual has a diagnosis of Central Nervous System cancer(NCCN 2A); **AND**
- V. Individual has a primary diagnosis of ALK-positive NSCLC; **AND**
- VI. Disease has metastasized to the brain.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 29, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on May 29, 2020.

CRX-ALL-0576-20

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
<b>Applicable</b>	X	X	X	X	X	X	X

- a. Central Nervous System Cancers. V2.2019. Revised September 16, 2019.
- b. Non-Small Cell Lung Cancer. V5.2020. Revised May 27, 2020.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.