PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 7/20/2017**
SECTION: DRUGS	**LAST REVIEW DATE: 5/19/2022**
	LAST CRITERIA REVISION DATE: 5/19/2022
	ARCHIVE DATE:

ALUNBRIG™ (brigatinib)

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

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Criteria:

- **Criteria for initial therapy:** Alunbrig (brigatinib) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Oncologist

  2. Individual is 18 years of age or older

  3. A confirmed diagnosis of **ONE** of the following:
     a. Metastatic non-small cell lung cancer (NSCLC) with ALK rearrangement-positive disease

     b. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

  4. **ALL** of the following baseline tests have been completed before initiation of treatment with continued monitoring as clinically appropriate:
     a. Anaplastic lymphoma kinase (ALK)-positive by an FDA-approved test
     b. Blood pressure is within normal limits, if abnormal medical treatment is started before beginning therapy with Alunbrig (brigatinib)
     c. Eastern Cooperative Oncology Group Performance status of 0-2
     d. Negative pregnancy test in a woman of child bearing potential

  5. Individual does not have interstitial lung disease or pneumonitis

  6. Individual does not have severe or recurrent systolic blood pressure $\geq$ 160 mmHg or diastolic blood pressure $\geq$ 100 mmHg despite use of more than one antihypertensive medication

  7. Individual does not have severe or recurrent symptomatic bradycardia or a resting heart rate < 60 beats per minute

  8. Individual does not have severe or recurrent of visual disturbance

  9. Individual does not have severe or recurrent hyperglycemia ($\geq$ 250 mg/dL) despite optimal medical management for hyperglycemia

  Initial approval duration: 6 months

- **Continuation of coverage (renewal request):** Alunbrig (brigatinib) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Oncologist

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2. Individual's condition responded while on therapy
    a. Response is defined as:
        i. No evidence of disease progression
        ii. No evidence individual has developed any significant unacceptable adverse drug reactions that may exclude continued use

3. Individual has been adherent with the medication

4. Requested dose is at least 60 mg once daily

5. Individual has not developed any significant adverse drug effects that may exclude continued use
    a. Significant adverse effect such as:
        i. Recurrent or severe Interstitial lung disease or pneumonitis
        ii. Recurrent or severe hypertension despite use of antihypertensive therapy (See Initial Criteria section for value(s))
        iii. Recurrent or severe bradycardia (See Initial Criteria section for value(s))
        iv. Recurrent or severe visual disturbances
        v. Recurrent or severe hyperglycemia despite medical management for hyperglycemia (See Initial Criteria section for value(s))
        vi. Individual with hepatotoxicity that is moderate or greater in severity with concurrent total bilirubin elevation greater than 2 times the upper limit of normal in the absence of cholestasis or hemolysis
        vii. Severe photosensitivity

6. There are no significant interacting drugs

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

    1. **Off-Label Use of Non-Cancer Medications**

    2. **Off-Label Use of Cancer Medications**

Description:

Alunbrig (brigatinib) is indicated for the treatment of individuals with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC.

Alunbrig (brigatinib) is a tyrosine kinase inhibitor with activity against multiple kinases. It inhibits auto-phosphorylation of ALK and ALK-mediated phosphorylation of downstream signaling proteins thereby inhibiting

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proliferation of certain cell lines. Alunbrig (brigatinib) exhibits anti-tumor activity against 4 mutant forms of ALK identified in NSCLC tumors in patients who have progressed on crizotinib.

Resources:

Alunbrig (brigatinib) product information, revised by Takeda Pharmaceuticals America, Inc. 02-2022. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed May 10, 2022.

Lilenbaum RC. Overview of the initial treatment of advanced non-small cell lung cancer. In: UpToDate, West H, Vora SR (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Topic last updated April 13,2022. Accessed May 10, 2022.

Sequist LV, Neal JW. Personalized, genotype-directed therapy for advanced non-small cell lung cancer. In: UpToDate, Lilenbaum RC, Vora AR (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Topic last updated April 15, 2022. Accessed May 10, 2022.

Solomon B, Lovly CM. Anaplastic lymphoma kinase (ALK) fusion oncogene positive non-small cell lung cancer. In: UpToDate, Lilenbaum RC, Vora SR (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Topic last updated March 04, 2022. Accessed May 10, 2022.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Non-small Cell Lung Cancer Version 3.2022 – Updated March 16, 2022. Available at https://www.nccn.org. Accessed May 10, 2022.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.