SPECIALTY GUIDELINE MANAGEMENT

ALUNBRIG (brigatinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Alunbrig is indicated for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) as detected by an FDA-approved test.

B. Compendial Uses

- 1. Recurrent or advanced ALK rearrangement-positive NSCLC
- 2. Brain metastases from ALK rearrangement-positive NSCLC
- 3. Anaplastic large cell lymphoma (ALCL), ALK-positive
- 4. Inflammatory myofibroblastic tumor (IMT) with ALK translocation
 - Uterine sarcoma
 - ii. Soft tissue sarcoma
- 5. Erdheim-Chester Disease (ECD) with ALK-fusion

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: ALK mutation status

III. CRITERIA FOR INITIAL APPROVAL

A. Non-Small Cell Lung Cancer (NSCLC)

Authorization of 12 months may be granted for treatment of recurrent, advanced, or metastatic ALK-positive NSCLC (including brain metastases from NSCLC) as a single agent.

B. Anaplastic Large Cell Lymphoma (ALCL)

Authorization of 12 months may be granted for initial palliative therapy or treatment of relapsed/refractory ALK-positive ALCL as a single agent.

C. Inflammatory Myofibroblastic Tumor (IMT)

Authorization of 12 months may be granted for treatment of ALK-positive IMT as a single agent when either of the following criteria is met:

- 1. The member has uterine sarcoma and the disease is advanced, recurrent, metastatic, or inoperable
- 2. The member has a soft tissue sarcoma (not including uterine sarcoma)

D. Erdheim-Chester Disease (ECD)

Alunbrig 1815-A SGM P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



Reference number(s) 1815-A

Authorization of 12 months may be granted for treatment of symptomatic or relapsed/refractory ALK-positive Erdheim-Chester Disease as a single agent.

IV. CONTINUATION OF THERAPY

A. Non-Small Cell Lung Cancer (NSCLC)

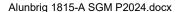
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity while on the current regimen.

B. All Other Indications

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for all other indications listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

- 1. Alunbrig [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; February 2022.
- 2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed March 14, 2024.
- 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Non-Small Cell Lung Cancer. Version 3.2024. Accessed March 14, 2024. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf



© 2024 CVS Caremark. All rights reserved.

