Reference	number
1829-H	
1829-H	

# SPECIALTY QUANTITY LIMIT PROGRAM

## **ALUNBRIG** (brigatinib)

### I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

#### **II. COVERED QUANTITIES**

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Alunbrig 30 mg tablets	120 per 30 days	150 per 30 days	90 mg once daily for the first 7 days; if tolerated, increase to 180 mg once daily      The following dosage adjustments may be necessary:
Alunbrig 90 mg tablets	53 per 30 days	Not applicable	
Alunbrig 180 mg tablets	30 per 30 days	60 per 30 days	
Alunbrig Initiation Pack [180 mg tablets (#23), 90 mg tablets (#7)]	30 per 30 days	Not applicable	

<sup>\*</sup>Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

#### III. REFERENCE

1. Alunbrig [package insert]. Cambridge, MA: ARIAD Pharmaceuticals, Inc.; December 2018.

Specialty Quantity Limit Alunbrig 1829-H P2019

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

© 2019 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