ALUNBRIG® (BRIGATINIB)

ACCESS GUIDE

INDICATIONS AND USAGE

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.

Please see Important Safety Information on pages 4 to 6 and accompanying full Prescribing Information.

Please see **page 3** for information about Takeda Oncology Here2Assist™.

ALUNBRIG®
BRIGATINIB
180mg | 90mg | 30mg
TABLETS

Distribution Details for ALUNBRIG

ALUNBRIG® BRIGATINIB 180mg | 90mg | 30mg TABLETS

Product name	ALUNBRIG tablets, for oral use	
Distributed and marketed by	Takeda Pharmaceuticals U.S.A., Inc.	
Storage and handling	Store at controlled room temperature 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) (see USP)	
Recommended dosing	90 mg orally once daily for the first 7 days; then increase the dose to 180 mg orally once daily	
How supplied	**Strength**	**Count**
	180 mg	○ Bottle of 30 tablets NDC 63020-180-30
	90 mg	○ Bottle of 7 tablets NDC 63020-090-07 ○ Bottle of 30 tablets NDC 63020-090-30
	30 mg	○ Bottle of 30 tablets NDC 63020-113-30
	Initiation pack: 90 mg and 180 mg Contains the first-month supply of the recommended dosing regimen to assist patients starting on ALUNBRIG	○ One carton containing 1 bottle of 90-mg tablets (7 count) and 1 bottle of 180-mg tablets (23 count) NDC 63020-198-30
	ALUNBRIG tablets are supplied in high-density, polyethylene bottles with screw-top closures	
Ordering	**ALUNBRIG can be ordered from one of the following Specialty Pharmacies*:** ○ Biologics 1-800-850-4306 biologics.mckesson.com ○ Onco360 Specialty Pharmacy 1-877-662-6633 www.onco360.com	**ALUNBRIG may be purchased directly by qualified entities† from the following distribution partners:** ○ ASD Healthcare 1-800-746-6273 www.asdhealthcare.com ○ Cardinal Health 1-877-453-3972 www.cardinalhealth.com ○ McKesson Specialty Care 1-800-482-6700 www.mckesson.com ○ McKesson Plasma and Biologics 1-877-625-2566 www.mckesson.com ○ Oncology Supply 1-800-633-7555 www.oncologysupply.com

NDC, National Drug Code; USP, United States Pharmacopeia.

*ALUNBRIG must be filled through one of these in-network specialty pharmacies. Sending an ALUNBRIG prescription to an alternate pharmacy may result in delay or nonfulfillment of the prescription.

†Qualified entities for direct purchase include hospitals, physician practices, and institutions that have been licensed by a state agency to dispense pharmaceutical products to appropriate patients. Direct purchase is not available to specialty pharmacy providers or retail pharmacies who are not themselves part of a qualified entity. Eligible government entities include the Department of Defense, Department of Veterans Affairs, and 340B covered entities.

Please see Important Safety Information on pages 4 to 6 and accompanying full Prescribing Information.

Takeda Oncology Here2Assist

We're here to help your patients with their coverage, financial, and educational resource needs

Takeda Oncology Here2Assist™

- Works with your patients' insurance company to help get your patient started on their medication
- Identifies available financial assistance that may be right for your patients
- May help eligible patients get started on treatment in the event of an insurance delay
- Identifies specialty pharmacies to help fill and ship your patients' prescriptions appropriately
- Conducts regular follow-up calls to patients
- Sends text message status updates and reminders to patients*

For more information about patient access support and financial assistance that your patients may qualify for, call us at 1-844-817-6468, Option 2. Let's Talk. We're available Monday-Friday, 8AM–8PM ET, or visit us at www.Here2Assist.com/hcp to learn more.

The Takeda Oncology Here2Assist RapidStart Program

If your patient experiences a delay in insurance coverage determination of at least 5 business days, your patient may be eligible to receive a 1-month supply of medication at no cost to them. Terms and Conditions apply†

Visit www.Here2Assist.com to download the appropriate RapidStart Request Form.

Takeda Oncology Co-Pay Assistance Program

For patients who are commercially insured and concerned about their out-of-pocket costs, the Takeda Oncology Co-Pay Assistance Program‡ may be able to help

- Your patient could pay as little as $0 per prescription. Terms and Conditions apply‡

Visit www.TakedaOncologyCopay.com or call to speak with a Takeda Oncology Here2Assist case manager at 1-844-817-6468, Option 2, Monday-Friday, 8AM–8PM ET.

Takeda Oncology Patient Assistance Program

If your patient is uninsured or the prescribed medication is not covered, the patient may be eligible to receive their Takeda Oncology medication at no cost through our Patient Assistance Program§

Visit www.Here2Assist.com to download the Patient Assistance Program Application.

*Patients will need to enroll in the texting program to receive text messages.

†The RapidStart Program provides a 1-month supply of treatment of the prescribed Takeda Oncology medication at no charge for eligible patients new to therapy experiencing a delay in insurance coverage determination of at least 5 business days. There is no purchase obligation by virtue of a patient's participation in the RapidStart Program. Patients must have an on-label, valid prescription for the Takeda Oncology medication, and a medical necessity for being prescribed the Takeda Oncology medication. Patients must be enrolled in the Takeda Oncology Here2Assist Program to qualify. Free product for the RapidStart Program will only be available through the RapidStart Program noncommercial specialty pharmacy. A delay in coverage determination of at least 5 days is required for patients to be eligible for the RapidStart Program. The program may not be combined with any other offer and is not available to patients whose insurers have made a final determination to deny the patient coverage for the prescribed Takeda Oncology medication. Takeda reserves the right to change or end the program at any time. Benefits provided under the program are not transferable.

‡By enrolling in the Takeda Oncology Co-Pay Assistance Program (the "Program"), you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions:

You must be at least 18 years old, a resident of the United States or a US Territory, and have commercial (private) prescription insurance that does not cover the entire cost of the medication. The Program is not valid for patients whose prescription claims are eligible to be reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicare, Medicare Advantage, Medigap, Medicaid, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. Patients who become eligible for or start using government insurance will no longer be eligible for the Program. The Program is not valid if the entire cost of your prescription is reimbursable by a private insurance plan or other private health or pharmacy benefit programs. You are responsible for reporting receipt of Program assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost, as may be required.

You agree that you will not submit the cost of any portion of the product dispensed pursuant to this Program to a federal or state healthcare program (including, but not limited to, Medicare, Medicare Advantage, Medicaid, TRICARE, VA, DOD, etc.), for purposes of counting it toward your out-of-pocket expenses, and to notify Takeda Oncology Here2Assist™ if you become eligible for a federal or state healthcare program. This Program is not conditioned on any past, present or future purchase of any Takeda product, including refills. This Program is valid for 12 months, and your co-pay card may be renewed every 12 months, subject to continued eligibility. This offer is not valid with any other program, discount, or offer involving your prescribed Takeda Oncology medication. This offer may be rescinded, revoked, or amended without notice. No reproductions. This offer is void where prohibited by law, taxed, or restricted. Limit one offer per purchase. No income requirements or membership fees. This Program is not health insurance. Cash value of 1/100 of 1¢. For questions about this offer, please contact the Takeda Oncology Co-Pay Assistance Program, a patient support service of Takeda Oncology Here2Assist, at 1-844-817-6468, Option 2, Monday-Friday, 8AM-8PM ET.

§To be eligible for the Patient Assistance Program, patients must meet certain financial and insurance coverage criteria. A Patient Assistance Program Application must be submitted in order to confirm patient eligibility.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease (ILD)/Pneumonitis

Severe, life-threatening, and fatal pulmonary adverse reactions consistent with interstitial lung disease (ILD)/pneumonitis have occurred with ALUNBRIG. In ALTA 1L, ILD/pneumonitis occurred in 5.1% of patients receiving ALUNBRIG. ILD/pneumonitis occurred within 8 days of initiation of ALUNBRIG in 2.9% of patients, with Grade 3 to 4 reactions occurring in 2.2% of patients. In ALTA, ILD/pneumonitis occurred in 3.7% of patients in the 90 mg group (90 mg once daily) and 9.1% of patients in the 90→180 mg group (180 mg once daily with 7-day lead-in at 90 mg once daily). Adverse reactions consistent with possible ILD/pneumonitis occurred within 9 days of initiation of ALUNBRIG (median onset was 2 days) in 6.4% of patients, with Grade 3 to 4 reactions occurring in 2.7% of patients. Monitor for new or worsening respiratory symptoms (dyspnea, cough, etc.), particularly during the first week of initiating ALUNBRIG. Withhold ALUNBRIG in any patient with new or worsening respiratory symptoms, and promptly evaluate for ILD/pneumonitis or other causes of respiratory symptoms (e.g., pulmonary embolism, tumor progression, and infectious pneumonia). For Grade 1 or 2 ILD/pneumonitis, either resume ALUNBRIG with dose reduction according to Table 1 of the full Prescribing Information after recovery to baseline or permanently discontinue ALUNBRIG. Permanently discontinue ALUNBRIG for Grade 3 or 4 ILD/pneumonitis or recurrence of Grade 1 or 2 ILD/pneumonitis.

Hypertension

In ALTA 1L, hypertension was reported in 32% of patients receiving ALUNBRIG; 13% of patients experienced Grade 3 hypertension. In ALTA, hypertension was reported in 11% of patients in the 90 mg group and 21% of patients in the 90→180 mg group. Grade 3 hypertension occurred in 5.9% of patients overall. Control blood pressure prior to treatment with ALUNBRIG. Monitor blood pressure after 2 weeks and at least monthly thereafter during treatment with ALUNBRIG. Withhold ALUNBRIG for Grade 3 hypertension despite optimal antihypertensive therapy. Upon resolution or improvement to Grade 1, resume ALUNBRIG at the same dose. Consider permanent discontinuation of treatment with ALUNBRIG for Grade 4 hypertension or recurrence of Grade 3 hypertension. Use caution when administering ALUNBRIG in combination with antihypertensive agents that cause bradycardia.

Bradycardia

In ALTA 1L, heart rates less than 50 beats per minute (bpm) occurred in 8.1% of patients receiving ALUNBRIG; one patient (0.7 %) experienced Grade 3 bradycardia. In ALTA, heart rates less than 50 beats per minute (bpm) occurred in 5.7% of patients in the 90 mg group and 7.6% of patients in the 90→180 mg group. One patient (0.9%) in the 90 mg group experienced Grade 2 bradycardia. Monitor heart rate and blood pressure during treatment with ALUNBRIG. Monitor patients more frequently if concomitant use of drug known to cause bradycardia cannot be avoided. For symptomatic bradycardia, withhold ALUNBRIG and review concomitant medications for those known to cause bradycardia. If a concomitant medication known to cause bradycardia is identified and discontinued or dose adjusted, resume ALUNBRIG at the same dose following resolution of symptomatic bradycardia; otherwise, reduce the dose of ALUNBRIG following resolution of symptomatic bradycardia. Discontinue ALUNBRIG for life-threatening bradycardia if no contributing concomitant medication is identified.

Visual Disturbance

In ALTA 1L, Grade 1 or 2 adverse reactions leading to visual disturbance, including blurred vision, photophobia, photopsia, and reduced visual acuity, were reported in 7.4% of patients receiving ALUNBRIG. In ALTA, adverse reactions leading to visual disturbance, including blurred vision, diplopia, and reduced visual acuity, were reported in 7.3% of patients treated with ALUNBRIG in the 90 mg group and 10% of patients in the 90→180 mg group. Grade 3 macular edema and cataract occurred in one patient each in the 90→180 mg group. Advise patients to report any visual symptoms. Withhold ALUNBRIG and obtain an ophthalmologic evaluation in patients with new or worsening visual symptoms of Grade 2 or greater severity. Upon recovery of Grade 2 or Grade 3 visual disturbances to Grade 1 severity or baseline, resume ALUNBRIG at a reduced dose. Permanently discontinue treatment with ALUNBRIG for Grade 4 visual disturbances.

Please see Important Safety Information on pages 4 to 6 and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Creatine Phosphokinase (CPK) Elevation

In ALTA 1L, creatine phosphokinase (CPK) elevation occurred in 81% of patients who received ALUNBRIG. The incidence of Grade 3 or 4 CPK elevation was 24%. Dose reduction for CPK elevation occurred in 15% of patients. In ALTA, CPK elevation occurred in 27% of patients receiving ALUNBRIG in the 90 mg group and 48% of patients in the 90→180 mg group. The incidence of Grade 3 to 4 CPK elevation was 2.8% in the 90 mg group and 12% in the 90→180 mg group. Dose reduction for CPK elevation occurred in 1.8% of patients in the 90 mg group and 4.5% of patients in the 90→180 mg group. Advise patients to report any unexplained muscle pain, tenderness, or weakness. Monitor CPK levels during ALUNBRIG treatment. Withhold ALUNBRIG for Grade 3 or 4 CPK elevation with Grade 2 or higher muscle pain or weakness. Upon resolution or recovery to Grade 1 CPK elevation or baseline, resume ALUNBRIG at the same dose or at a reduced dose per Table 2 of the full Prescribing Information.

Pancreatic Enzyme Elevation

In ALTA 1L, amylase elevation occurred in 52% of patients and Grade 3 or 4 amylase elevation occurred in 6.8% of patients who received ALUNBRIG. Lipase elevations occurred in 59% of patients and Grade 3 or 4 lipase elevation occurred in 17% of patients. In ALTA, amylase elevation occurred in 27% of patients in the 90 mg group and 39% of patients in the 90→180 mg group. Lipase elevations occurred in 21% of patients in the 90 mg group and 45% of patients in the 90→180 mg group. Grade 3 or 4 amylase elevation occurred in 3.7% of patients in the 90 mg group and 2.7% of patients in the 90→180 mg group. Grade 3 or 4 lipase elevation occurred in 4.6% of patients in the 90 mg group and 5.5% of patients in the 90→180 mg group. Monitor lipase and amylase during treatment with ALUNBRIG. Withhold ALUNBRIG for Grade 3 or 4 pancreatic enzyme elevation. Upon resolution or recovery to Grade 1 or baseline, resume ALUNBRIG at the same dose or at a reduced dose.

Hepatotoxicity

In ALTA 1L, aspartate aminotransferase (AST) elevations occurred in 72% of patients and Grade 3 or 4 AST elevations occurred in 4.5% of patients who received ALUNBRIG. Alanine aminotransferase (ALT) elevations occurred in 52% of patients and Grade 3 or 4 ALT elevations occurred in 5.2% of patients. One patient (0.7%) had a serious adverse reaction of hepatocellular injury. In ALTA, AST elevations occurred in 38% of patients in the 90 mg group and 65% of patients in the 90→180 mg group. ALT elevations occurred in 34% of patients in the 90 mg group and 40% of patients in the 90→180 mg group. Grade 3 or 4 AST elevations occurred in 0.9% of patients in the 90 mg group and did not occur in any patients in the 90→180 mg group. Grade 3 or 4 ALT elevations did not occur in any patients in the 90 mg group and in 2.7% of patients in the 90→180 mg group. Monitor AST, ALT and total bilirubin during treatment with ALUNBRIG, especially during the first 3 months. Withhold ALUNBRIG for Grade 3 or 4 hepatic enzyme elevation with bilirubin less than or equal to 2 × ULN. Upon resolution or recovery to Grade 1 or less (less than or equal to 3 × ULN) or to baseline, resume ALUNBRIG at a next lower dose per Table 2 of the full Prescribing Information. Permanently discontinue ALUNBRIG for Grade 2 to 4 hepatic enzyme elevation with concurrent total bilirubin elevation greater than 2 times the ULN in the absence of cholestasis or hemolysis.

Hyperglycemia

In ALTA 1L, 56% of patients who received ALUNBRIG experienced new or worsening hyperglycemia. Grade 3 hyperglycemia, based on laboratory assessment of serum fasting glucose levels, occurred in 7.5% of patients. In ALTA, 43% of patients who received ALUNBRIG experienced new or worsening hyperglycemia. Grade 3 hyperglycemia, based on laboratory assessment of serum fasting glucose levels, occurred in 3.7% of patients. Two of 20 (10%) patients with diabetes or glucose intolerance at baseline required initiation of insulin while receiving ALUNBRIG. Assess fasting serum glucose prior to initiation of ALUNBRIG and monitor periodically thereafter. Initiate or optimize anti-hyperglycemic medications as needed. If adequate hyperglycemic control cannot be achieved with optimal medical management, withhold ALUNBRIG until adequate hyperglycemic control is achieved and consider reducing the dose of ALUNBRIG dosage per Table 1 of the full Prescribing Information or permanently discontinuing ALUNBRIG.

Please see Important Safety Information on pages 4 to 6 and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Photosensitivity

In ALTA 1L, 3.7% of patients who received ALUNBRIG experienced photosensitivity, with 0.7% of patients experiencing Grade 3 to 4 reactions. In ALTA, 0.9% of patients who received ALUNBRIG in the 90 mg group and 0.9% of patients in the 90→180 mg group experienced photosensitivity. Grade 3 to 4 photosensitivity was not reported in patients in the 90 mg group or in the 90→180 mg group. Advise patients to limit sun exposure while taking ALUNBRIG, and for at least 5 days after discontinuation of treatment. Advise patients, when outdoors, to wear a hat and protective clothing, and use a broad-spectrum Ultraviolet A (UVA)/ Ultraviolet B (UVB) sunscreen and lip balm (SPF ≥30) to help protect against sunburn. Based on the severity, withhold ALUNBRIG, then resume at the same dose, or reduce the dose, or permanently discontinue.

Embryo-Fetal Toxicity

Based on its mechanism of action and findings in animals, ALUNBRIG can cause fetal harm when administered to pregnant women. There are no clinical data on the use of ALUNBRIG in pregnant women. Advise women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ALUNBRIG and for at least 4 months following the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for at least 3 months after the last dose of ALUNBRIG.

ADVERSE REACTIONS

The most common adverse reactions (≥25%) with ALUNBRIG were diarrhea, fatigue, nausea, rash, cough, myalgia, headache, hypertension, vomiting, and dyspnea.

DRUG INTERACTIONS

CYP3A Inhibitors: Avoid coadministration of ALUNBRIG with strong or moderate CYP3A inhibitors. If coadministration of a strong or moderate CYP3A inhibitor is unavoidable, reduce the dose of ALUNBRIG.

CYP3A Inducers: Avoid coadministration of ALUNBRIG with strong or moderate CYP3A inducers. If coadministration of a moderate CYP3A inducer is unavoidable, increase the dose of ALUNBRIG.

USE IN SPECIFIC POPULATIONS

Females and Males of Reproductive Potential

Verify pregnancy status in females of reproductive potential prior to initiating ALUNBRIG. Advise females of reproductive potential to use effective contraception during treatment with ALUNBRIG and for at least 4 months after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with ALUNBRIG and for at least 3 months after the final dose. ALUNBRIG may cause reduced fertility in males.

Lactation: Advise patients not to breastfeed.

Hepatic Impairment: Reduce the dose of ALUNBRIG for patients with severe hepatic impairment.

Renal Impairment: Reduce the dose of ALUNBRIG for patients with severe renal impairment.

To report SUSPECTED ADVERSE REACTIONS, contact Takeda Pharmaceuticals U.S.A., Inc. at 1-844-217-6468 or the FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

Please see full Prescribing Information.

Reference: Alunbrig. Prescribing Information. Takeda Pharmaceuticals U.S.A., Inc.; March 2022.

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