Reference number(s)
1700-A

SPECIALTY GUIDELINE MANAGEMENT

ADCETRIS (brentuximab vedotin)

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 Indications[1]
1. Classical Hodgkin Lymphoma (CHL)
    i. Treatment of CHL after failure of autologous hematopoietic stem cell transplantation (auto-HSCT) or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates
    ii. Treatment of CHL at high risk of relapse or progression as post-auto-HSCT consolidation
2. Treatment of systemic anaplastic large cell lymphoma (sALCL) after failure of at least one prior multi-agent chemotherapy regimen
3. Treatment of primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) in patients who have received prior systemic therapy

B. Compendial Uses[2]
Non-Hodgkin's Lymphoma (NHL)
1. CD30+ adult T-cell leukemia/lymphoma
2. Breast implant-associated anaplastic large cell lymphoma (ALCL)
3. Mycosis Fungoides (MF)/Sezary Syndrome (SS)
4. Lymphomatoid papulosis (LyP)
5. CD30+ peripheral T-cell lymphoma (PTCL)
6. CD30+ angioimmunoblastic T-cell lymphoma

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Classical Hodgkin lymphoma (CHL)[1,2]
Authorization of 12 months may be granted for treatment of CHL.

B. Non-Hodgkin's lymphoma (NHL)[1-3]
Authorization of 12 months may be granted for treatment of NHL with any of the following subtypes:
1. CD30+ adult T-cell leukemia/lymphoma
2. Systemic anaplastic large cell lymphoma
3. Primary cutaneous anaplastic large cell lymphoma (pcALCL)
4. Breast implant associated anaplastic large cell lymphoma (ALCL)
5. Mycosis fungoides (MF)
6. Sezary syndrome (SS)

7. Lymphomatoid papulosis (LyP)
8. CD30+ peripheral T-cell lymphoma (PTCL)
9. CD30+ angioimmunoblastic T-cell lymphoma

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Adcetris [package insert]. Bothell, WA: Seattle Genetics, Inc; November 2017.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed March 29, 2018.