



Adcetris® (brentuximab vedotin)

(Intravenous)

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I. Length of Authorization ^{1,5,7,15,18}

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

- Treatment for Adult cHL post-auto HSCT, Pediatric cHL (excluding use in combination with AVEPC), Mycosis Fungoides (MF)/Sezary Syndrome (SS), and Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders has a maximum of 16 cycles.
- Treatment of previously untreated Pediatric cHL in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) has a maximum of 5 doses.
- Treatment of previously untreated Adult Stage III or IV Classical Hodgkin Lymphoma (cHL) has a maximum of 12 doses.
- Treatment of previously untreated Systemic Anaplastic Large Cell Lymphoma (sALCL) and other CD30-expressing Peripheral T-Cell Lymphomas (PTCL) has a maximum of 8 doses.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Adcetris 50 mg single-dose vial: 4 vials every 21 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 200 billable units every 21 days

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**

Universal Criteria ¹

- Patient has CD30-positive disease; **AND**

- Patient must not be receiving concomitant bleomycin; **AND**
- Patient does not have severe renal impairment (i.e., CrCl <30 mL/min); **AND**
- Patient does not have moderate or severe hepatic impairment (Child-Pugh B or C); **AND**

Adult Classic Hodgkin Lymphoma (cHL) †^{1,2,4,12-14}

- Used as single agent therapy; **AND**
 - Used as consolidation/maintenance therapy post-autologous hematopoietic stem cell transplant (auto-HSCT) in patients at high risk* for relapse or progression † ‡; **OR**
 - Patient has relapsed disease after failure of auto-HSCT or after failure of at least 2 (two) prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates †; **OR**
 - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
 - Used as palliative therapy for relapsed or refractory disease in patients >60 years of age ‡; **OR**
- Used in combination with bendamustine; **AND**
 - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with nivolumab; **AND**
 - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with dacarbazine; **AND**
 - Used as primary treatment in patients >60 years of age with stage I-II unfavorable or stage III-IV disease ‡; **OR**
- Used in combination with ifosfamide, carboplatin, and etoposide (ICE); **AND**
 - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with doxorubicin, vinblastine, and dacarbazine (AVD); **AND**
 - Used as initial therapy for previously untreated stage III or IV disease †; **OR**
 - Used as initial therapy for previously untreated stage II unfavorable disease in patients >60 years of age ‡

**High risk for relapse or progression may be defined as:*

- *Refractory disease, disease relapse within 12 months, or relapse ≥12 months with extranodal disease following frontline therapy OR 2 or more of the following: remission duration <1 year, extranodal involvement, FDG-PET+ response at time of transplant, B symptoms, and/or >1 second-line/subsequent therapy regimen)*

Pediatric Classic Hodgkin Lymphoma (cHL) † ‡ Φ^{1,2,24}

- Patient is ≤ 18 years of age*; **AND**

- Used as subsequent therapy (if not previously used); **AND**
 - Patient has relapsed or refractory disease; **AND**
 - Used in combination with nivolumab or gemcitabine; **AND**
 - Used in patients heavily pretreated with platinum or anthracycline-based chemotherapy; **OR**
 - Used if a decrease in cardiac function is observed; **OR**
- Used as primary therapy in patients with high risk disease^{**}; **AND**
 - Used as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) regimen; **OR**
 - Used in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) †; **AND**
 - Patient is at least 2 years of age; **OR**
- Used as additional treatment following primary treatment with AEPA regimen in patients with high risk disease^{**}; **AND**
 - Used as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen

**Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.*

***High risk disease may be defined as: Stage IIB with bulk or E-lesions (involvement of extra-lymphatic tissue), Stage IIIA with bulk AND E-lesions, or Stage IIIB or IV disease.*

T-Cell Lymphomas^{1-3,15,16}

- Peripheral T-Cell Lymphomas (PTCL)
 - Used as a single agent for relapsed or refractory disease for one of the following:
 - Systemic Anaplastic Large Cell Lymphoma (sALCL) † ⊕
 - Peripheral T-Cell Lymphoma (PTCL) ‡ ⊕
 - Angioimmunoblastic T-cell Lymphoma (AITL) ‡ ⊕; **OR**
 - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) in patients with CD30 expression ≥ 10% per immunohistochemistry (IHC) as initial therapy for previously untreated:
 - Systemic Anaplastic Large Cell Lymphoma (sALCL) † ⊕
 - Peripheral T-Cell Lymphoma (PTCL) not otherwise specified † ⊕
 - Angioimmunoblastic T-cell Lymphoma (AITL) † ⊕

Primary Cutaneous Lymphomas^{1,2,17}

- Mycosis Fungoides (MF) † ⊕/Sezary Syndrome (SS) ‡
 - Used as a single agent; **AND**

- Used as subsequent therapy; **AND**
- Patient has CD30 expression $\geq 5\%$ per IHC
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ Φ
 - Used as a single agent in patients previously treated with systemic therapy; **AND**
 - Patient has primary cutaneous anaplastic large cell lymphoma (pcALCL) † Φ ; **OR**
 - Patient has cutaneous ALCL with regional node (N1) (*excludes systemic ALCL*); **OR**
 - Patient has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to all treatment options (e.g., clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen not used for primary treatment)

B-Cell Lymphomas ‡^{2,11}

- Diffuse Large B-Cell Lymphoma (DLBCL)
 - Used as a single agent as subsequent therapy if no intention to proceed to transplant; **AND**
 - Used for relapsed or refractory disease >12 months after completion of first-line therapy; **OR**
 - Used for primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy*; **OR**
 - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease*

**Note: Only applies to patients in which there is no intention to proceed to CAR T-cell therapy.*

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria¹

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: peripheral neuropathy, anaphylaxis and infusion reactions, hematologic toxicities

(thrombocytopenia, neutropenia and anemia), serious infections, opportunistic infections, tumor lysis syndrome, hepatotoxicity, pulmonary toxicity, serious dermatologic reactions, gastrointestinal complications, uncontrolled hyperglycemia, etc.; **AND**

- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy (PML) and has been found to be negative

V. Dosage/Administration ^{1,5,7,15,18-21,23}

Indication	Dose
Previously Untreated Stage III or IV Adult Classical Hodgkin Lymphoma	Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 2 weeks until a maximum of 12 doses, disease progression, or unacceptable toxicity
Adult cHL post-auto HSCT, MF/SS, Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity
Pediatric cHL	<p><u>Previously untreated high risk disease in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide)</u></p> <p>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 5 doses</p> <p><u>All other treatment settings/regimens</u></p> <p>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity</p>
Previously Untreated sALCL or Other CD30-expressing PTCL	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks with each cycle of chemotherapy for a maximum of 6 to 8 doses
All other indications	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9042 – Injection, brentuximab vedotin, 1 mg; 1 billable unit = 1 mg

NDC:

- Adcetris 50 mg powder for injection in a single-dose vial: 51144-0050-xx

VII. References (STANDARD)

1. Adcetris [package insert]. Bothell, WA; Seattle Genetics, Inc; November 2022. Accessed June 2023.

2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for brentuximab vedotin. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2023.
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VIII. References (ENHANCED)

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites

ICD-10	ICD-10 Description
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes

ICD-10	ICD-10 Description
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen

ICD-10	ICD-10 Description
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region of lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck

ICD-10	ICD-10 Description
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
Z85.71	Personal history of Hodgkin lymphoma

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC