



**Adcetris® (brentuximab)**  
Effective 08/01/2022

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Adcetris® (brentuximab) is a CD30-directed agent indicated for the treatment of adult patients with:

- Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine
- Primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) who have received prior systemic therapy
- cHL at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation
- cHL after failure of auto-HSCT or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates
- Previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD-30 expressing peripheral T-cell lymphoma (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified in combination with cyclophosphamide, doxorubicin, and prednisone
- sALCL after failure of at least one prior multi-agent chemotherapy regimen.

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with Adcetris, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs  
**OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Treatment naïve (previously untreated) HL



Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. Requested agent will be used in combination with doxorubicin, vinblastine, and dacarbazine

#### Relapsed/refractory HL

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. **ONE** of the following:
  - a. Member is at high risk of relapse as post-auto-HSCT
  - b. Inadequate response to auto-HSCT
  - c. Member is not a candidate for auto-HSCT and inadequate response or adverse reaction to TWO prior multi-agent chemotherapy regimens (*See Appendix for examples*)
  - d. Clinical rationale as to why the other available treatment regimens cannot be used

#### pcALCL or CD-30 expressing MF

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. **ONE** of the following:
  - a. Inadequate response or adverse reaction to **ONE** systemic therapy
  - b. Contraindication to the use of systemic therapy

#### Previously untreated PTCL (CD-30 expressing) including sALCL and other histologies – Used in combination with chemotherapy

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. Requested agent will be used with cyclophosphamide, doxorubicin, and prednisone

#### sALCL (after failure of at least one prior multiagent chemotherapy regimen) – Used as monotherapy

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. **ONE** of the following:
  - a. Inadequate response or adverse reaction to **ONE** prior chemotherapy regimen or agent (*See Appendix for examples*)
  - b. Clinical rationale as to why the other available treatment regimens cannot be used

#### Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and positive response to therapy.

## Limitations

1. Initial approvals and reauthorizations will be granted for 24 weeks.
2. Dosing

Drug	Dosing
Adcetris® (brentuximab)  50 mg single use vial for injection	<u>Monotherapy:</u> 1.8 mg/kg up to maximum of 180 mg every three weeks  <u>Combination with chemotherapy for previously untreated Stage III or IV cHL:</u> 1.2 mg/kg up to a maximum of 120 mg every two weeks for a maximum of 12 doses  <u>Combination with chemotherapy for previously untreated PTCL:</u> 1.8 mg/kg up to maximum of 180 mg every three weeks for six to eight doses

cHL=classical Hodgkin Lymphoma, PTCL= peripheral T-cell lymphoma

## Appendix

### Examples of multi-agent chemotherapy regimens for Hodgkin lymphoma

Below are some examples of multi-agent chemotherapy regimens used in the treatment of cHL. Please note that this is not an all-inclusive list.

- ABVD (doxorubicin, bleomycin, vinblastine, and dacarbazine) ± rituximab or radiation
- Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone)
- Brentuximab + AVD
- Brentuximab
- Brentuximab + bendamustine
- Brentuximab + nivolumab
- DHAP (dexamethasone, cisplatin, cytarabine)
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin)
- Gemcitabine/bendamustine/vinorelbine
- GVD (gemcitabine, vinorelbine, liposomal doxorubicin)
- ICE (ifosfamide, carboplatin, and etoposide)
- IGEV (ifosfamide, gemcitabine, vinorelbine)
- Pembrolizumab
- Bendamustine
- Bendamustine + carboplatin + etoposide
- C-MOPP (cyclophosphamide, vincristine, procarbazine, prednisone)
- Everolimus
- GCD (gemcitabine, carboplatin, dexamethasone)
- GEMOX (gemcitabine, oxaliplatin)
- Lenalidomide
- MINE (etoposide, ifosfamide, mesna, mitoxantrone)
- Mini-BEAM (carmustine, cytarabine, etoposide, melphalan)
- Nivolumab

### Examples of regimens for systemic ALCL

Below are some examples of regimens used in the treatment of systemic ALCL. Please note that this is not an all-inclusive list.

- CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone)
- CHOEP (cyclophosphamide, doxorubicin, vincristine, etoposide, and prednisone)
- EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin)
- HyperCVAD (cyclophosphamide, vincristine, doxorubicin, and dexamethasone) alternating with high-dose methotrexate and cytarabine
- belinostat
- bendamustine
- crizotinib
- gemcitabine
- pralatrexate
- romidepsin
- DHAP (dexamethasone, cisplatin, cytarabine)
- DHAX (dexamethasone, cytarabine, oxaliplatin)
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin)
- GDP (gemcitabine, dexamethasone, and cisplatin)
- GemOX (gemcitabine, oxaliplatin)
- ICE (ifosfamide, carboplatin, and etoposide)
- Bortezomib
- Cyclophosphamide and/or etoposide
- Radiation therapy

### References

1. Adcetris® [package insert]. Bothell (WA): Seagen Inc.; 2019 Oct.
2. National Comprehensive Cancer Network (NCCN). NCCN Practice Guidelines in Oncology: Hodgkin Lymphoma V4.2021 [guideline on the Internet]. 2021 Apr 20 [cited 2021 Jun 12]. Available from: [http://www.nccn.org/professionals/physician\\_gls/pdf/hodgkins.pdf](http://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf)
3. National Comprehensive Cancer Network (NCCN). NCCN Practice Guidelines in Oncology: T-Cell Lymphoma V1.2021 [guideline on the Internet]. 2020 Oct 5 [cited 2021 Jun 12]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/t-cell.pdf](https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf)
4. National Comprehensive Cancer Network (NCCN). NCCN Practice Guidelines in Oncology: Primary Cutaneous Lymphomas V2.2021 [guideline on the Internet]. 2021 Mar 4 [cited 2021 Jun 12]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/primary\\_cutaneous.pdf](https://www.nccn.org/professionals/physician_gls/pdf/primary_cutaneous.pdf).
5. Jacobsen E, Freedman AS. Treatment of relapsed or refractory peripheral T-cell lymphoma. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Jun 12]. Available from: <http://www.uptodate.com/utd/index.do/>
6. National Comprehensive Cancer Network (NCCN). NCCN Practice Guidelines in Oncology: B-Cell Lymphomas V4.2021 [guideline on the Internet]. 2021 May 5 [cited 2021 Jun 12]. Available from: [https://www.nccn.org/professionals/physician\\_gls/pdf/b-cell.pdf](https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf).

### Review History

6/22/2022 – Created Reviewed for June P&T; matched MH UPPL. Created criteria to be in compliance with Masshealth criteria. Effective 8/1/22.



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