Mass General Brigham
Health Plan

Adcetris® (brentuximab)
Effective 02/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	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:

<u>Treatment naïve (previously untreated) HL</u>

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	Monotherapy: 1.8 mg/kg up to maximum of 180 mg every three weeks Combination with chemotherapy for previously untreated Stage III or IV cHL: 1.2 mg/kg up to a maximum of 120 mg every two weeks for a maximum of 12 doses Combination with chemotherapy for previously untreated PTCL: 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, oxalipltin)
- 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
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
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.
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.utdol.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.

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.
01/11/2023 – Reviewed and updated for Jan P&T. Admin update noting Adcetris is available medical benefit only. No clinical changes. Effective 02/01/23.