

**Oncology Agents**  
**Adcetris (brentuximab)**  
**Effective 07/01/2025**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	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
- Pediatric patients two years of age and older with previously untreated high risk cHL, in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide
- 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 when all the following criteria are met, and documentation is provided:

#### *Treatment Naïve (previously untreated) Hodgkin Lymphoma in Adults*

1. Diagnosis of previously untreated HL
2. Member is  $\geq 18$  years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. Requested agent will be used in combination with doxorubicin, vinblastine, and dacarbazine

*Treatment Naïve (previously untreated) Hodgkin Lymphoma in Pediatrics*

1. Diagnosis of previously untreated HL
2. Member is  $\geq 2$  years and  $<18$  years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. Requested agent will be used in combination with ALL of the following:
  - a. Cyclophosphamide
  - b. Doxorubicin
  - c. Etoposide
  - d. Prednisone
  - e. Vincristine

*Relapsed/Refractory Hodgkin Lymphoma*

1. Diagnosis of relapsed/refractory HL
2. Member is  $\geq 18$  years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. **ONE** of the following:
  - a. Member is at high risk of relapse as post-auto- hematopoietic stem cell transplantation (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

*Primary Cutaneous Anaplastic Large Cell Lymphoma (pcALCL) or CD30-Expressing Mycosis Fungoides (MF)*

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing

*Previously Untreated CD-30 Expressing PTCL including Systemic Anaplastic Large Cell Lymphoma (sALCL) - Used in combination with chemotherapy*

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*

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 will be reviewed against initial criteria listed above.



## Limitations

1. Approvals will be granted for 4 months.

## 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
- BV + AVD
- DHAP (dexamethasone, cisplatin, cytarabine)
- GVD (gemcitabine, vinorelbine, liposomal doxorubicin)
- ICE (ifosfamide, carboplatin, and etoposide)
- IGEV (ifosfamide, gemcitabine, vinorelbine)
- Pembrolizumab
- Bendamustine
- Bendamustine + carboplatin + etoposide
- Everolimus
- GCD (gemcitabine, carboplatin, dexamethasone)
- GEMOX (gemcitabine, oxaliplatin)
- Lenalidomide
- Nivolumab
- Vinblastine

### 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)
- ALK inhibitors (ALK and ALCL only)
  - Alectinib, brigatinib, ceritinib, crizotinib, and lorlatinib
- belinostat
- bendamustine
- brentuximab plus bendamustine
- duvelisib
- gemcitabine
- pralatrexate
- romidepsin
- ruxolitinib
- DHA (dexamethasone, cytarabine) + a platinum agent



- ESHA (etoposide, methylprednisolone, cytarabine) + a platinum agent
- GDP (gemcitabine, dexamethasone, and cisplatin)
- GVD (gemcitabine, vinorelbine and liposomal doxorubicin)
- GemOX (gemcitabine, oxaliplatin)
- ICE (ifosfamide, carboplatin, and etoposide)
- Bortezomib
- Radiation therapy

## References

1. Adcetris [package insert]. Bothell (WA): Seagen Inc.; 2025 Feb.
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.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](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.

06/12/24 – Reviewed and updated for P&T. New indication for pediatric cHL has been added. Appendix information was updated to reflect NCCN guideline recommendations. Effective 7/1/24.

06/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references. Effective 7/1/25

