

Oncology Agents
Adcetris (brentuximab)
Effective 05/11/2026

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|------------------------------|---|--|---|
| Plan | <input checked="" type="checkbox"/> MassHealth UPPL <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 Benefit Pharmacy Benefit | Phone: 833-895-2611 Phone: 800-711-4555 | Fax: 888-656-6671 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
- Patients with relapsed or refractory (R/R) large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL), DLBCL arising from indolent lymphoma and high-grade B-cell lymphoma (HGBL) who are not eligible for autologous hematopoietic stem cell transplant (auto-HSCT) or CAR T-cell therapy, after two or more lines of systemic therapy, in combination with lenalidomide and a rituximab product

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 ≥ 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 ≥ 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 ≥ 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 or progression as post-auto- hematopoietic stem cell transplantation (HSCT)
 - b. Inadequate response to auto-HSCT
 - c. **BOTH** of the following:
 - i. Member is not a candidate for auto-HSCT
 - ii. Inadequate response or adverse reaction to TWO prior multi-agent chemotherapy regimens

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

1. Diagnosis of **ONE** of the following:
 - a. pcALCL
 - b. CD30-expressing MF
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. Diagnosis of previously untreated CD-30 expressing PTCL, including systemic anaplastic large cell lymphoma (sALCL)
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. Inadequate response or adverse reaction to **ONE** prior chemotherapy regimen or agent



5. Requested agent will be used as monotherapy

Relapsed or refractory (R/R) large B-cell lymphomas (LBCL)

1. Diagnosis of R/R LBCL (including diffuse large B-cell lymphoma [DLBCL], DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma [HGBL])
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. Inadequate response or adverse reaction to **TWO** prior lines of systemic chemotherapy
5. **BOTH** of the following:
 - a. Member is not eligible for auto-HSCT
 - b. Member is not eligible for CAR T-cell therapy
6. Requested agent will be used in combination with lenalidomide and rituximab

Continuation of Therapy

Reauthorizations will be reviewed against initial criteria listed above.

Limitations

1. Approvals will be granted for 4 months.

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
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.

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



04/15/26 – Reviewed and updated for P&T. New FDA approved indication of R/R LBCLs was added. Criteria for “clinical rationale as to why the other available treatment regimens cannot be used” was removed. Criteria for R/R cHL was updated to better align with the package insert. Effective 5/11/26

