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

Plan	☒ MassHealth ☐ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ 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.

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 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
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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.
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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