OncoHealth

# Adcetris (Brentuximab)

**Effective Date:** 12/1/2022
**Revision Date(s):** n/a
**Review Date:** 10/19/2022
**Policy type:** Medical Necessity

Authorizations are for 6 months, after which time they must be reviewed for efficacy, safety, and tolerability.

## Initial Approval Criteria

Coverage is provided for the following conditions:

### Universal Criteria Applied to All Requests

- Dose and frequency should be consistent with FDA labeling, NCCN, or indication specific peer-reviewed literature.

### Indication Specific Criteria

#### Hodgkin Lymphoma, Adult

- Member has stage I-II (unfavorable only) or stage III-IV disease; AND
    - Used in combination with dacarbazine; OR
    - Used in combination with doxorubicin, vinblastine, dacarbazine (AVD)[1]; OR
- Member has relapsed or refractory disease; AND
    - Used as subsequent therapy; AND
        - Used as a single agent; OR
        - Used in combination with bendamustine; OR
        - Used in combination with nivolumab; OR
- Used as maintenance therapy following autologous stem cell transplant for relapsed or refractory disease; AND
    - Member has high-risk of relapse[2]

#### Hodgkin Lymphoma, Pediatric

- Used in combination with brentuximab, etoposide, prednisone, doxorubicin (AEPA); OR
- Used as re-induction therapy or subsequent therapy; AND
    - Member has relapsed or refractory disease; AND
    - Used in combination with bendamustine, nivolumab, or gemcitabine[3]; OR

[1] Regimen utilized as follows: brentuximab followed by AVD, conditionally followed by brentuximab in responding patients with a complete response or partial response.

[2] Patients with 2 or more of the following risk factors are considered high risk: remission duration less than 1 year, extranodal involvement, PET positive response at time of transplant, B symptoms, and/or >1 salvage/subsequent therapy regimen.

[3] As a consideration in patients heavily pretreated (with platinum or anthracycline-based chemotherapy) or if a decrease in cardiac function observed. If used in combination with ISRT (involved-site radiation therapy), member should have highly favorable disease including those who

- Used as maintenance therapy following autologous stem cell transplant; AND
    - Member has relapsed or refractory disease; AND
    - Used for select high-risk patients[4]; OR
- Used for high-risk disease as a component of cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine (CAPDAC) regimen following primary treatment with AEPA regimen

## T-Cell Lymphomas

- Member has anaplastic large cell lymphoma (ALCL); AND
    - Used in combination with cyclophosphamide, doxorubicin, prednisone (CHP); AND
    - Used as first-line therapy; OR
- Member has T-cell Leukemia/Lymphoma; AND
    - Used as subsequent therapy; AND
    - Member has acute or lymphoma subtypes and is CD30+; AND
        - Used in combination with CHP for CD30+ cases in specific situations[5]; OR
    - As a single agent; OR
- Member has one of the following relapsed/refractory diseases:
    - Used as a single agent; AND
    - Used as subsequent therapy; AND
        - Member has CD30+ peripheral T-cell Lymphoma; OR
        - Member has CD30+ angioimmunoblastic T-cell Lymphoma (AITL); OR
        - Member has anaplastic large cell lymphoma; OR
- Member has one of the following diseases:
    - Used in combination with CHP; AND
    - Used as first-line therapy; AND
        - Member has CD30+ stage I-IV peripheral T-cell lymphoma not otherwise specified; OR
        - Member has AITL; OR
        - Member has enteropathy-associated T-cell lymphoma (EATL); OR
        - Member has monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL); OR
        - Member has nodal peripheral T-cell lymphoma with TFH phenotype; OR
        - Member has follicular T-cell lymphoma; OR
- Member has hepatosplenic T-cell Lymphoma; AND
    - Used as a single agent; AND
    - Member has CD30+ refractory disease; AND
    - Used in third-line setting and beyond; OR
- Member has breast-implant associated ALCL; AND
    - Member has relapsed/refractory disease; AND

may avoid transplant and have initial stage other than IIIB or IVB, no prior exposure to RT, duration of CR1 >1 year, absence of extranodal disease or B symptoms at relapse.

[4] High-risk defined as any patient with progressive disease, refractory disease, or relapse within 1 year of original diagnosis.

[5] Specific situations: chemotherapy in non-responders to first-line therapy for chronic/smoldering subtype OR first-line therapy for acute subtype OR continued treatment in responders to first-line therapy for acute subtype OR first-line therapy for lymphoma subtype OR continued treatment in responders to first-line therapy for lymphoma subtype.

        - Used as subsequent therapy; AND
        - Used as a single agent; OR
    - Member has localized disease; AND
        - Used as adjuvant therapy; AND
        - Used as a single agent; OR
        - Used in combination with CHP; OR
- Member has Extranodal NK/T-cell Lymphoma; AND
    - Used as a single agent; AND
    - Member has CD30+ relapsed/refractory disease; AND
    - Used as subsequent therapy

## Primary Cutaneous Lymphomas

- Member has lymphomatoid papulosis; AND
    - Used as a single agent; AND
    - Used as subsequent therapy; OR
- Member has cutaneous ALCL; AND
    - Used in combination with CHP; OR
    - Used as a single agent; OR
- Member has Mycosis Fungoides/Sezary Syndrome

## B-Cell Lymphomas

- Member has post-transplant lymphoproliferative disorder; AND
    - Member has CD30+ monomorphic T-cell type disease; AND
    - Used in combination with CHP; OR
        - Used as a single agent as subsequent-line therapy; AND
            - Member is not a candidate for transplant
- Member has a high-grade, CD30+ B-cell Lymphoma; AND
    - Used as subsequent therapy; AND
    - Member is not a candidate for transplant; OR
- Member has one of the following CD30+ diseases:
    - AIDS-related diffuse large B-cell Lymphoma (DLBCL); OR
    - Primary effusion lymphoma; OR
    - DLBCL; OR
    - HHV8-positive DLBCL; AND
        - Used as subsequent therapy; AND
        - Member is not a candidate for transplant

# Billing

| Drug Name | HCPCS Code | Description |
|---|---|---|
| Adcetris | J9042 | Inj., brentuximab, 1 mg |

# References


1. Adcetris. NCCN Drugs & Biologics Compendium. Available at: https://www.nccn.org/professionals/drug_compendium/content/. Accessed 8/29/2022
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3. B-Cell Lymphomas: NCCN Clinical Practice Guidelines in Oncology. Available at: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed 8/29/22
4. Hodgkin Lymphoma: NCCN Clinical Practice Guidelines in Oncology. Available at: https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf. Accessed 8/29/22
5. Pediatric Hodgkin Lymphoma: NCCN Clinical Practice Guidelines in Oncology. Available at: https://www.nccn.org/professionals/physician_gls/pdf/ped_hodgkin.pdf. Accessed 8/29/22
6. Primary Cutaneous Lymphoma. NCCN Clinical Practice Guidelines in Oncology. Available at: https://www.nccn.org/professionals/physician_gls/pdf/primary_cutaneous.pdf. Accessed 8/29/22
7. T-Cell Lymphomas. NCCN Clinical Practice Guidelines in Oncology. Available at: https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf. Accessed 8/29/22


# Disclaimer

*Consideration of medically necessary indications are based upon U.S. Food and Drug Administration (FDA) indications, recommended uses within the Centers of Medicare & Medicaid Services (CMS) five recognized compendia, including the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium (Category 1 or 2A recommendations), and peer-reviewed scientific literature eligible for coverage according to the CMS, Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 titled, "Off-Label Use of Anti-Cancer Drugs and Biologics." This policy evaluates whether the drug therapy is proven to be effective based on published evidence-based medicine. OncoHealth reserves the right to request medical documentation as needed to validate medical necessity determinations.*

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