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5.21.019

Section:	Prescription Drugs	**Effective Date:**	April 1, 2024
Subsection:	Antineoplastic Agents	**Original Policy Date:**	June 7, 2012
Subject:	Adcetris	**Page:**	1 of 6

Last Review Date: March 8, 2024

Adcetris

Description

Adcetris (brentuximab vedotin)

Background
Adcetris (brentuximab vedotin) is a CD30-directed antibody-drug conjugate consisting of three components: a chimeric IgG1 antibody specific for human CD30, the microtubule-disrupting agent MMAE, and a protease-cleavable linker that covalently attaches MMAE to the antibody. Binding of MMAE to tubulin disrupts the microtubule network within the cell, subsequently inducing cell cycle arrest and apoptotic death of the cells (1).

Regulatory Status
FDA-approved indications: Adcetris is a CD30-directed antibody-drug conjugate indicated for the treatment of: (1)

1. Adult patients with previously untreated Stage III or IV classical Hodgkin's lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine
2. Pediatric patients 2 years and older with previous untreated high risk classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide
3. Adult patients with classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation
4. Adult patients with classical Hodgkin's lymphoma (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

5. Adult patients with previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified, in combination with cyclophosphamide, doxorubicin, and prednisone
6. Adult patients with systemic anaplastic large cell lymphoma (sALCL) after failure of at least 1 prior multi-agent chemotherapy regimen
7. Adult patients with primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) who have received prior systemic therapy

Adcetris has a boxed warning for progressive multifocal leukoencephalopathy. JC virus infection resulting in progressive multifocal leukoencephalopathy (PML) and death can occur in patients receiving Adcetris (1).

The use of Adcetris is associated with development of peripheral neuropathy and neutropenia, in which case a dose modification may be required. Monitor patients for symptoms of neuropathy, such as hypoesthesia, hyperesthesia, paresthesia, discomfort, a burning sensation, neuropathic pain or weakness. Complete blood counts should be monitored prior to each dose of Adcetris and more frequently for patients with Grade 3 or 4 neutropenia. Patients with rapidly proliferating tumor and high tumor burden may be at increased risk of tumor lysis syndrome (1).

Based on mechanism of action and findings in animals, Adcetris can cause fetal harm when administered to pregnant women. Female patients of reproductive potential should be advised of the potential risk to a fetus and to avoid pregnancy (1).

The safety and effectiveness of Adcetris have been established in pediatric patients age 2 and older with previously untreated high risk cHL in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide. The safety and effectiveness of Adcetris in pediatric patients have not been established for all other indications (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Adcetris may be considered **medically necessary** if the conditions indicated below are met.

Adcetris may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Classical Hodgkin lymphoma (cHL)

   AND ONE of the following:
   a. Failure of autologous hematopoietic stem cell transplant (auto-HSCT)
   b. Failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates
   c. Patients at high risk of relapse or progression as post-auto-HSCT consolidation
   d. Previously untreated Stage III or IV cHL **AND** used in combination with doxorubicin, vinblastine, and dacarbazine
   e. Previously untreated high risk cHL **AND** used in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide

2. Systemic anaplastic large cell lymphoma (sALCL)

   AND ONE of the following:
   a. Failure at least one prior multi-agent chemotherapy regimen
   b. Previously untreated **AND** used in combination with cyclophosphamide, doxorubicin, and prednisone

3. Primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF)
   a. Patient has received prior systemic therapy

4. CD30-expressing peripheral T-cell lymphomas (PTCL) including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified
   a. Previously untreated **AND** used in combination with cyclophosphamide, doxorubicin and prednisone

AND the following for **ALL** indications:

a. Prescriber agrees to monitor patient for the development of JC virus infection resulting in PML and will discontinue use if a diagnosis of PML is confirmed

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Classical Hodgkin Lymphoma (cHL)
2. Systemic anaplastic large cell lymphoma (sALCL)
3. Primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF)
4. CD30-expressing peripheral T-cell lymphomas (PTCL) including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified

AND the following for **ALL** indications:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor patient for the development of JC virus infection resulting in PML and will discontinue use if a diagnosis of PML is confirmed

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Adcetris (brentuximab vedotin) is indicated for the treatment of patients with classical Hodgkin lymphoma (cHL), systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing

peripheral T-cell lymphomas (PTCL), and primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF). The use of Adcetris is associated with development of peripheral neuropathy, neutropenia, tumor lysis syndrome, and progressive multifocal leukoencephalopathy (PML) (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Adcetris while maintaining optimal therapeutic outcomes.

References

1. Adcetris [package insert]. Bothell, WA: Seattle Genetics, Inc.; June 2023.
2. NCCN Drugs & Biologics Compendium® Brentuximab vedotin 2023. National Comprehensive Cancer Network, Inc. Accessed on January 17, 2024.

Policy History

Date	Action
April 2012	New Policy
March 2013	Annual editorial review and reference update
March 2014	Annual review and reference update
March 2015	Annual review and reference update
August 2015	Addition of classical HL at high risk of relapse or progression as post-auto-HSCT consolidation and the addition of age 65 and older patients
September 2015	Annual Review
June 2016	Annual editorial review and reference update Policy number change from 5.04.19 to 5.21.19
June 2017	Annual editorial review and reference update Addition of requirement: Prescriber agrees to monitor patient for the development of JC virus infection resulting in PML and will discontinue use if a diagnosis of PML is confirmed
December 2017	Addition of primary cutaneous anaplastic large cell lymphoma and CD30-expressing mycosis fungoides
March 2018	Annual review
May 2018	Addition of new indication: Previously untreated Stage III or IV classical HL, in combination with chemotherapy
June 2018	Annual review
November 2018	Addition of new indication: First line therapy of CD 30- expressing peripheral T cell lymphomas (PTCLs) to be used with cyclophosphamide, doxorubicin, and prednisone Change to Stage III or IV classical Hodgkin lymphoma from “used in combination with chemotherapy” to “used in combination with doxorubicin, vinblastine, and dacarbazine”

March 2019	Annual review
March 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
November 2022	Per PI update, added indication of high risk previously untreated cHL in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide. Removed age requirements. Added continuation requirement of no disease progression or unacceptable toxicity and changed durations to 12 months for all diagnoses Changed policy number to 5.21.019
March 2023	Annual review and reference update
March 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.