Reference number(s)
4463-A

Standard Medicare Part B Management Adcetris

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Adcetris	brentuximab vedotin

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

- Classical Hodgkin Lymphoma (cHL)
  - Treatment of adult patients with cHL after failure of autologous hematopoietic stem cell transplantation (auto-HSCT) or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates
  - Treatment of adult patients with cHL at high risk of relapse or progression as post-auto-HSCT consolidation
  - Treatment of adult patients with previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine
  - Treatment of pediatric patients 2 years and older with previously untreated high risk classical Hodgkin lymphoma (cHL) in combination with doxorubicin, vincristine, etoposide, prednisone and cyclophosphamide
- Systemic anaplastic large cell lymphoma (sALCL)
  - Treatment of adult patients with systemic anaplastic large cell lymphoma (sALCL) after failure of at least one prior multi-agent chemotherapy regimen

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    - Treatment of 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
- Treatment of adult patients with primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) in patients who have received prior systemic therapy
- Treatment of adult patients with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) NOS, DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are not eligible for auto-HSCTor CAR T-cell therapy, in combination with lenalidomide and a rituximab product

Compendial Uses[2]

- cHL stage I-II unfavorable
- CD30+ B-Cell Lymphomas
    - Post-transplant lymphoproliferative disorders (B-cell type)
    - Diffuse large B-cell lymphoma
    - HIV-Related B-cell lymphomas
    - High-grade B-Cell lymphomas
    - Primary mediastinal large B-cell lymphoma
- CD30+ Primary Cutaneous Lymphomas
    - Mycosis Fungoides (MF)/Sezary Syndrome (SS)
    - Lymphomatoid papulosis (LyP)
    - Cutaneous anaplastic large cell lymphoma
- CD30+ T-Cell Lymphomas
    - Hepatosplenic T-cell lymphoma
    - Adult T-cell leukemia/lymphoma
    - Breast implant-associated anaplastic large cell lymphoma (ALCL)
    - Peripheral T-cell lymphoma (PTCL)
    - Extranodal NK/T-cell Lymphoma
    - Angioimmunoblastic T-cell lymphoma

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions:

Initial requests: Testing or analysis confirming CD30 expression on the surface of the cell.

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Coverage Criteria

Classic Hodgkin lymphoma (cHL)[1,2]

Authorization of 12 months may be granted for treatment of CD30+ cHL when any of the following are met:

- The requested drug will be used as a single agent, or
- The requested drug will be used in combination with doxorubicin, vinblastine, and dacarbazine (BV + AVD), or
- The requested drug will be used in combination with bendamustine for re-induction or subsequent therapy, or
- The requested drug will be used in combination with dacarbazine, or
- The requested drug will be used in combination with nivolumab, or
- The requested drug will be used in combination with gemcitabine for re-induction or subsequent therapy, or
- The requested drug will be used in combination with ifosfamide, carboplatin and etoposide (ICE) for subsequent therapy, or
- The requested drug will be used in combination with etoposide, prednisone and doxorubicin (AEPA), or
- The requested drug will be used in combination with cyclophosphamide, prednisone, and dacarbazine (CAPDAC) for subsequent therapy, or
- The requested drug will be used in combination with doxorubicin, vincristine, etoposide, prednisone and cyclophosphamide (Bv-AVE-PC), or
- The requested drug will be used in combination with cyclophosphamide, doxorubicin and prednisone (BV-CHP), or
- The requested drug will be used in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine and dexamethasone (BrECADD).

B-Cell Lymphomas[1,2]

Authorization of 12 months may be granted for treatment of CD30+ B-cell lymphomas with any of the following subtypes:

- Post-transplant lymphoproliferative disorders (B-cell type) as subsequent therapy.
- Diffuse large B-cell lymphoma as subsequent therapy.
- HIV-Related B-cell lymphomas (HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma), or plasmablastic lymphoma) as subsequent therapy.
- High-grade B-cell lymphomas as subsequent therapy.
- Primary mediastinal large B-cell lymphoma when both of the following are met
    - The requested drug will be used for relapsed or refractory disease, and
    - The requested drug will be used in combination with nivolumab or pembrolizumab

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Primary Cutaneous Lymphomas[1,2]

Authorization of 12 months may be granted for treatment of CD30+ primary cutaneous lymphomas with any of the following subtypes:

- Mycosis fungoides (MF)/Sezary syndrome (SS)
- Lymphomatoid papulosis (LyP) when both of the following are met:
  - The requested drug will be used as a single agent, and
  - The disease is relapsed or refractory.
- Cutaneous anaplastic large cell lymphoma when either of the following are met:
  - The requested drug will be used as a single agent, or
  - The requested drug will be used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP).

T-Cell Lymphomas[1,2]

Authorization of 12 months may be granted for treatment of CD30+ T-cell lymphomas with any of the following subtypes:

- Hepatosplenic T-cell lymphoma when either of the following are met:
  - The requested drug will be used as a single agent or in combination with bendamustine after two or more primary treatment regimens, or
  - The requested drug will be used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP).
- Adult T-cell leukemia/lymphoma when either of the following are met:
  - The requested drug will be used as a single agent for subsequent therapy, or
  - The requested drug will be used in combination with cyclophosphamide, doxorubicin, and prednisone.
- Breast implant associated anaplastic large cell lymphoma (ALCL) when any of the following are met:
  - The requested drug will be used as a single agent, or
  - The requested drug will be used in combination with cyclophosphamide, doxorubicin, and prednisone, or
  - The requested drug will be used in combination with bendamustine for subsequent therapy.
- Peripheral T-cell lymphoma (PTCL) [including the following subtypes: anaplastic large cell lymphoma, peripheral T-cell lymphoma not otherwise specified, angioimmunoblastic T-cell lymphoma, enteropathy associated T-cell lymphoma, monomorphic epitheliotropic intestinal T-cell lymphoma, nodal peripheral T-cell lymphoma with TFH phenotype, or follicular T-cell lymphoma] when any of the following are met:
  - The requested drug will be used as a single agent for subsequent or palliative therapy, or
  - The requested drug will be used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP), or

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    - The requested drug will be used in combination with bendamustine for subsequent therapy.
- Extranodal NK/T-cell lymphoma when all of the following are met:
    - The requested drug will be used as a single agent, and
    - The member has relapsed or refractory disease, and
    - The member has had an inadequate response or contraindication to asparaginase-based therapy (e.g., pegaspargase).

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested drug.
- The requested drug is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity while on the current regimen and
    - No evidence of disease progression while on the current regimen.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Adcetris.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Hodgkin lymphoma
- NCCN Guideline: T-cell lymphomas
- NCCN Guideline: Pediatric Hodgkin lymphoma
- NCCN Guideline: Pediatric aggressive mature B-cell lymphomas
- NCCN Guideline: Primary cutaneous lymphomas
- NCCN Guideline: B-cell lymphomas

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Adcetris are covered in addition to the following:

- cHL stage I-II unfavorable

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- CD30+ B-Cell Lymphomas
    - Post-transplant lymphoproliferative disorders (B-cell type)
    - Diffuse large B-cell lymphoma
    - HIV-Related B-cell lymphomas (CD30+ HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma, and plasmablastic lymphoma)
    - High-grade B-Cell lymphomas
    - Primary mediastinal large B-cell lymphoma
- CD30+ Primary Cutaneous Lymphomas
    - Mycosis Fungoides (MF)/Sezary Syndrome (SS)
    - Lymphomatoid papulosis (LyP)
    - Cutaneous anaplastic large cell lymphoma
- CD30+ T-Cell Lymphomas
    - Hepatosplenic T-cell lymphoma
    - Adult T-cell leukemia/lymphoma
    - Breast implant-associated anaplastic large cell lymphoma (ALCL)
    - Peripheral T-cell lymphoma (PTCL)
    - Extranodal NK/T-cell Lymphoma
    - Angioimmunoblastic T-cell lymphoma

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for cHL stage I-II unfavorable can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for CD30+ B-cell lymphomas can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for CD30+ primary cutaneous lymphomas can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for CD30+ T-cell lymphomas can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an

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anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

References

1. Adcetris [package insert]. Bothell, WA: Seagen, Inc; February 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed April 15, 2025.

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