

# Drug Therapy Guidelines

## Adcetris™ (brentuximab vedotin)

*Applicable*

<b>Medical Benefit</b>	x	<b>Effective:</b> 5/1/18
<b>Pharmacy- Formulary 1</b>		<b>Next Review:</b> 3/19
<b>Pharmacy- Formulary 2</b>		<b>Date of Origin:</b> 6/12
<b>Pharmacy- Formulary 3/Exclusive</b>		<b>Review Dates:</b> 12/11, 12/12, 12/13, 12/14, 3/15, 3/16, 3/17, 3/18
<b>Pharmacy- Formulary 4/AON</b>		

### I. Medication Description

Adcetris (brentuximab vedotin) is a CD30-directed antibody-drug conjugate given via intravenous injection. CD30 is expressed on the surface of Hodgkin's Reed-Sternberg (HRS) cells and cells in anaplastic large-cell lymphomas (ALCL), embryonal carcinomas, and select subtypes of B-cell derived, non-Hodgkin's lymphomas and mature T-cell lymphomas. Brentuximab binds to cells which express CD30, and forms a complex which is internalized into the cell and induces cell cycle arrest and apoptosis during cell division by disrupting formation of the cellular microtubule network.

### II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

### III. Policy

Coverage of Adcetris is available when the following criteria have been met:

- Member is at least 18 years of age **AND**
- The medication is prescribed by a hematologist/oncologist **AND**
- The requested use is supported by the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines (NCCN Guidelines®) and/or NCCN Drugs & Biologics Compendium (NCCN Compendium®) with a recommendation of category level 1 or 2A.

### IV. Quantity Limitations

Coverage is available for up to 36 vials every 6 months.

### V. Coverage Duration

Coverage is provided for 6 months and may be renewed.

### VI. Coverage Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Stabilization of disease or in absence of disease progression **AND**
- Absence of unacceptable toxicity from the drug

## VII. Billing/Coding Information

- Available in 50mg single-use vials
- J9042 – 1 billable unit is 1mg
- Pertinent Indications:
  - Hodgkin Lymphoma: C81.10 – C81.49, C81.70 – C81.79, C81.90 – C81.99, Z85.71
  - Non-Hodgkin's Lymphoma – ATLL: C91.50, C91.52
  - MF/SS: C84.00-C84.09, C84.10-C84.19
  - PTCL: C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C86.5, Z85.72
  - Primary cutaneous CD30+ T-Cell Lymphoproliferative Disorders: C86.6, Z85.72

## VIII. Summary of Policy Changes

- 6/15/12: new policy
- 3/15/13: Black Box Warning and Contraindication updated, pertinent ICD9 code list expanded
- 3/15/14: clarified ALCL to only indicate systemic ALCL is a covered diagnosis
- 3/15/15: updated Jcode; limited to 2<sup>nd</sup>-line therapy in ALCL, lifted 48 month coverage duration restriction
- 6/15/15: updated coverage criteria to include current NCCN-supported uses
- 7/1/15: formulary distinctions made
- 6/15/16: Updated coverage to coincide with current NCCN treatment guidelines
- 4/5/17: Policy updated to correspond with current NCCN treatment guidelines
- 5/1/18: coverage criteria updated to allow use as supported by current NCCN guidelines

## IX. References

1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Hodgkin Lymphoma. Version 1.2018. Accessed 1/2018.
2. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: T-Cell Lymphomas. Version 2.2018. Accessed 1/2018.
3. Brentuximab (Adcetris™) Prescribing information. Bothell, WA: SeattleGenetics, Revised 11/2017.
4. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium®: Brentuximab vedotin. Accessed 1/2018.
5. Clinical Pharmacology. Brentuximab. Accessed 1/2018.

*The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.*

*The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.*