

Utilization Management and Clinical Medical Policy

Policy Name: Brentuximab vedotin (Adcetris®)	Policy Number: MP-RX-FP-01-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 08/19/2026	Effective Date: 08/19/2026 Frequently Revision: Annual
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Service Category:

- | | |
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| ☐ Anesthesia | ☐ Medicine Services and Procedures |
| ☐ Surgery | ☐ Evaluation and Management Services |
| ☐ Radiology Procedures | ☐ DME/Prosthetics or Supplies |
| ☐ Pathology and Laboratory Procedures | ☒ Other: Part B Drugs |

Service Description:

This document addresses the use of **Brentuximab vedotin (Adcetris®)**, approved by the Food and Drug Administration (FDA) for the treatment of certain patients with Hodgkin lymphoma (HL) and non-Hodgkin lymphoma.

Background Information:

Adcetris is a monoclonal antibody-drug conjugate (ADC) that consists of a chimeric IgG1 directed antibody against CD30 and a small molecule, monomethyl auristatin E (MMAE), a microtubule- disrupting agent. The anticancer activity is due to the binding of the ADC to CD30-expressing cells causing disruption of the microtubule network leading to cell death. Adcetris is FDA approved for certain patients with Hodgkin lymphoma (HL) and non-Hodgkin lymphoma. The National Comprehensive Cancer Network (NCCN) provides additional recommendations with a category 1 and 2A level of evidence for the use of Adcetris.

Hodgkin Lymphoma (HL)

Adcetris is FDA approved for previously untreated stage III or IV classical HL (cHL) in combination with doxorubicin, vinblastine, and dacarbazine; for pediatric patients 2 years of age and older with previously untreated high-risk cHL in combination with multiagent chemotherapy; for post-auto-HSCT consolidation in adults with cHL at high risk of relapse or progression; and for relapsed cHL after failure of auto-HSCT or after failure of at least two prior multi-agent chemotherapy regimens in adults who are not auto-HSCT candidates. NCCN also recommends additional primary, salvage, and maintenance brentuximab vedotin-containing approaches in adults, including BrECADD, AVD-based regimens, regimens for older or anthracycline-ineligible patients, second-line combinations with bendamustine, ICE, or nivolumab, and post-transplant maintenance in selected brentuximab-naïve, high-risk patients.

Non-Hodgkin Lymphoma (NHL)

NHLs are a broad and diverse group of malignancies affecting both B- and T-lymphocytes. Adcetris is mostly used for T-Cell Lymphomas. These can broadly be classified as cutaneous or non-cutaneous. Cutaneous T-cell lymphomas include mycosis fungoides (MF) and sezary syndrome (SS), lymphomatoid papulosis (LyP), and the cutaneous form of anaplastic large cell lymphoma (ALCL), known as primary cutaneous ALCL. “Non-cutaneous” T-cell lymphomas are diverse and NCCN divides the treatment algorithms into certain types such as peripheral t-cell lymphoma (PTCL), Adult T-cell leukemia/lymphoma (ATLL), breast implant-associated ALCL, extranodal NK/T-Cell lymphoma, nasal type (NKTL), and hepatosplenic T-Cell Lymphoma (HSTCL). Subtypes of PTCLs include but are not limited to PTCL-NOS (not-otherwise-specified), systemic ALCL, and angioimmunoblastic T-cell lymphoma.

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Adcetris is FDA approved for relapsed primary cutaneous ALCL and CD30 expressing MF. It is also FDA approved for previously untreated CD30-expressing PTCL in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); for relapsed systemic ALCL after failure of at least one prior multi-agent chemotherapy regimen; and, in combination with lenalidomide and a rituximab product, for relapsed or refractory LBCL after two or more lines of systemic therapy in adults who are not eligible for auto-HSCT or CAR T-cell therapy. NCCN also recommends brentuximab vedotin in additional T-cell lymphoma settings based on disease subtype, CD30 expression, and line of therapy, including MF/Sezary syndrome and adult T-cell leukemia/lymphoma.

Adcetris (brentuximab vedotin) has a boxed warning for John Cunningham (JC) virus infection resulting in progressive multifocal leukoencephalopathy (PML). Fatal cases of JC virus infection resulting in PML have been reported in individuals receiving Adcetris.

Definitions and Measures

- Adjuvant therapy: Treatment given after the primary treatment to increase the chances of a cure; may include chemotherapy, radiation, hormone or biological therapy.
- Autologous stem cells: Stem cells harvested from the individual's own bone marrow or peripheral blood.
- Consolidation: Repetitive cycles of treatment during the immediate post-remission period; used especially for leukemia; also known as intensification therapy.
- Deauville Score: 5-point rating scale used in staging and response of HL and NHL; visual assessment of F-fluorodeoxyglucose (FDG) uptake in the involved sites. Score of 5 indicates markedly higher uptake initially involved site and/or new lesions.
- High-dose or myeloablative chemotherapy (HDC): The administration of cytotoxic agents using doses several times greater than the standard therapeutic dose.
- Line of Therapy:
 - First-line therapy: The first or primary treatment for the diagnosis, which may include surgery, chemotherapy, radiation therapy or a combination of these therapies.
 - Second-line therapy: Treatment given when initial treatment (first-line therapy) is not effective or there is disease progression.
- Maintenance therapy: Designed to maintain a condition to prevent a relapse.
- Mycosis fungoides: A sub-type of cutaneous T-cell lymphoma in which tumor cells invade the skin causing reddening (erythroderma) and/or plaques. There may also be involvement of lymph nodes, blood, and internal organs.
- One line of therapy: Single line of therapy.
- Refractory Disease: Illness or disease that does not respond to treatment.
- Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.
- Sézary Syndrome: A sub-type of cutaneous T-cell lymphoma characterized by itching and redness with T cell leukemia whose cells clonally match those invading the skin. Sézary Syndrome has historically been more difficult to treat than mycosis fungoides.

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Approved Indications

- A. Adult patients with previously untreated Stage III or IV classical Hodgkin lymphoma (cHL)
- B. Pediatric patients 2 years and older with previously untreated high risk classical Hodgkin lymphoma
- C. Adult patients with classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation
- D. Adult patients with relapsed classical Hodgkin lymphoma 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
- E. Adult patients with previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL)
- F. Adult patients with relapsed Systemic ALCL
- G. Adult patients with relapsed primary cutaneous ALCL (pcALCL) or CD30-expressing mycosis fungoides who have received prior systemic therapy
- H. Adult patients with relapsed or refractory large B-cell lymphoma (LBCL) in combination with lenalidomide and a rituximab product, after two or more lines of systemic therapy, who are not eligible for auto-HSCT or CAR T-cell therapy

Other Uses

- A. See Background Section above.

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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Brentuximab vedotin (Adcetris®)

- A. Criteria For Initial Approval** (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.*)

Requests for Adcetris (brentuximab vedotin) may be approved if the following criteria are met:

- i. Individual has a diagnosis of *classical Hodgkin Lymphoma (cHL)*; **AND**
 - A. Individual is using in one of the following ways:
 1. Individual is 18 years of age or older and is using for previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine (Label);
 - OR**
 2. Individual is 18 years of age or older and is using for classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation (Label);
 - OR**
 3. Individual is 18 years of age or older and is using for classical Hodgkin 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 (Label);
 - OR**
 4. Individual is 18 through 60 years of age; **AND**
 - a. Adcetris will be used in one of the following ways:
 - i. Primary treatment as a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone) with granulocyte colony-stimulating factor (G-CSF) for one of the following:
 1. Stage IIB unfavorable disease with large mediastinal mass and/or extranodal disease (NCCN 2A); **OR**
 2. Stage III-IV disease (NCCN 1); **OR**
 3. Additional therapy following 2 cycles of ABVD for stage I/II unfavorable disease with B-symptoms, bulky mediastinal disease and/or >10 cm adenopathy, ≥4 nodal sites, and/or ESR ≥50 mm/hr if Deauville 4-5 following restaging with FDG-PET/CT (NCCN 2A); **OR**

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4. Additional therapy following 2 cycles of ABVD for stage III-IV disease if Deauville 4-5 following restaging with FDG-PET/CT (NCCN 2A); OR ii. Primary treatment in combination with AVD (doxorubicin, vinblastine, dacarbazine) and granulocyte colony-stimulating factor (G-CSF) for one of the following: 1. Stage I/II unfavorable disease with B symptoms, bulky mediastinal disease and/or >10 cm adenopathy, ≥4 nodal sites, and/or ESR ≥50 mm/hr (NCCN 2A); OR 2. Stage III-IV disease (useful in certain circumstances) (NCCN 1); OR iii. Primary treatment as a component of BV-CHP (brentuximab vedotin, cyclophosphamide, doxorubicin, prednisone) as a temporary substitute for BV + AVD regimen in times of vinblastine shortage (NCCN 2A); OR 5. Individual is 18 to 60 years of age; AND a. Individual has primary refractory disease or relapse; AND b. Individual is a candidate for high-dose therapy and autologous stem cell rescue (HDT/ASCR); AND c. Adcetris will be used as second-line systemic therapy in one of the following ways (NCCN 2A): i. As a single agent; OR ii. In combination with bendamustine; OR iii. In combination with ICE (ifosfamide, carboplatin, etoposide); OR iv. In combination with nivolumab (preferred if no prior checkpoint inhibitor exposure); OR 6. Individual is 18 to 60 years of age; AND a. Individual has primary refractory disease or relapse; AND b. Individual is not a candidate for HDT/ASCR; AND c. Adcetris will be used as a second-line therapy in one of the following ways (NCCN 2A): i. In combination with nivolumab if no prior checkpoint inhibitor (CPI) or progression ≥3 months after a CPI-containing regimen; OR ii. As a single agent, or in combination with bendamustine or ICE, if no prior checkpoint inhibitor (CPI) or progression after ≥3 months of a CPI-containing regimen and a CPI-containing regimen is contraindicated; OR
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- iii. As a single agent, or in combination with nivolumab, bendamustine, or ICE, if there has been prior checkpoint inhibitor (CPI) or brentuximab vedotin exposure and progression after <3 months of a CPI- or BV-containing regimen; **OR**
- iv. With radiation therapy (RT) in patients who received abbreviated chemotherapy (3-4 cycles) without RT, as a single agent, or in combination with bendamustine, ICE, or nivolumab (preferred if no prior checkpoint inhibitor exposure);

OR

- 7. Individual is 18 to 60 years of age; **AND**
 - a. Adcetris is being used as subsequent systemic therapy (if not previously used) in one of the following ways (NCCN 2A):
 - i. As a single agent; **OR**
 - ii. In combination with bendamustine; **OR**
 - iii. In combination with ICE; **OR**
 - iv. In combination with nivolumab; **AND**
 - b. One of the following applies:
 - i. Primary refractory disease or biopsy-proven relapse within 3 months and candidate for HDT/ASCR if Deauville 4 or 5 following restaging with FDG-PET/CT; **OR**
 - ii. Relapse after ≥ 3 months and candidate for HDT/ASCR if Deauville 4 or 5 following restaging with FDG-PET/CT; **OR**
 - iii. Not a candidate for HDT/ASCR if Deauville 4-5 following restaging with FDG-PET/CT for individuals who received second-line systemic therapy plus radiation therapy for previously abbreviated chemotherapy without RT;

OR

- 8. Individual is 18 to 60 years of age; **AND**
 - a. Adcetris is being used as subsequent systemic therapy for refractory disease or relapse and not a candidate for HDT/ASCR as a single-agent palliative therapy option (NCCN 2A);

OR

- 9. Individual is 18 years of age or older; **AND**
 - a. Adcetris is being used as maintenance therapy following HDT/ASCR for primary refractory disease or relapse in an individual with high risk of relapse and no prior brentuximab vedotin exposure (NCCN 2A); **AND**
 - b. One of the following applies (NCCN 2A):
 - i. Deauville 1-3 prior to transplant; **OR**
 - ii. Deauville 4 prior to transplant; **AND**
 - c. High risk of relapse is defined as 2 or more of the following risk factors:

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- i. Remission duration less than 1 year; **OR**
- ii. Extranodal involvement; **OR**
- iii. FDG-PET-positive response at time of transplant; **OR**
- iv. B symptoms; **OR**
- v. More than 1 second-line/subsequent therapy regimen;

OR

10. Individual is 18 years of age or older; **AND**

- a. Adcetris is being used as maintenance therapy for an individual who underwent HDT/ASCR for primary refractory disease with high risk of relapse and no prior brentuximab vedotin exposure if Deauville 4 or 5 prior to transplant, following response to radiation therapy alone or subsequent systemic therapy with or without radiation therapy (NCCN 2A); **AND**
- b. High risk of relapse is defined as 2 or more of the following risk factors:
 - i. Remission duration less than 1 year; **OR**
 - ii. Extranodal involvement; **OR**
 - iii. FDG-PET-positive response at time of transplant; **OR**
 - iv. B symptoms; **OR**
 - v. More than 1 second-line/subsequent therapy regimen;

OR

11. Individual is ≥ 60 years of age; **AND**

- a. Individual is a candidate for anthracycline; **AND**
- b. Adcetris will be used in one of the following ways:
 - i. Primary treatment as a component of brentuximab vedotin x 2 cycles followed by AVD (doxorubicin, vinblastine, dacarbazine) regimen x 6 cycles, conditionally followed by brentuximab vedotin x 2 cycles in patients with a complete or partial response and no neuropathy, for one of the following (NCCN 2A):
 - 1. Stage I-II unfavorable disease; **OR**
 - 2. Stage III-IV disease if contraindications to a checkpoint inhibitor; **OR**
 - ii. Primary treatment as a component of BV-CHP (brentuximab vedotin, cyclophosphamide, doxorubicin, prednisone) regimen may be considered as a temporary substitute for BV + AVD regimen in times of vinblastine shortage (NCCN 2A);

OR

12. Individual is any age and not a candidate for anthracycline; **AND**

- a. Adcetris will be used as primary treatment in combination with one of the following (NCCN 2A):
 - i. Dacarbazine with or without ISRT; **OR**
 - ii. Nivolumab with or without ISRT;

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OR

- ii. Individual has a diagnosis of *pediatric Hodgkin Lymphoma*; **AND**
 - A. Individual is 2 years of age and older; **AND**
 - B. Individual is using for one of the following:
 1. Previously untreated high risk cHL; **AND**
 2. Stage I-II disease with risk factors in combination with one of the following:
 - a. Doxorubicin, vincristine, etoposide, prednisone, cyclophosphamide regimen (stage IIBX only) (preferred) (Label, NCCN 1); **OR**
 - b. AEPA (Brentuximab vedotin, etoposide, prednisone, doxorubicin) regimen (stage IIB and IIBX only) (NCCN 2A);
- OR**
3. Stage I-IV disease with risk factors as additional treatment in combination with CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen following primary treatment with AEPA regimen (NCCN 2A);
- OR**
4. Stage III-IV disease as primary treatment in combination with one of the following:
 - a. Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, cyclophosphamide) regimen (not for stage IIIA)(NCCN 1); **OR**
 - b. AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) regimen (not for stage IIIA) (NCCN 2A); **OR**
 - c. Bv-AVD (brentuximab vedotin, doxorubicin, vinblastine, dacarbazine) regimen (if unable to receive or tolerate a checkpoint inhibitor) (useful in certain circumstances) (NCCN 2A); **OR**
 - d. BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone) regimen (useful in certain circumstances) (consider for patients >18 years of age) (NCCN 2A);
- OR**
5. Re-induction or subsequent therapy (if not previously used) for relapsed or refractory disease in combination with nivolumab with or without bendamustine (preferred), or gemcitabine (NCCN 2A); **AND**
 - a. Individual has heavily pretreated disease (with platinum or anthracycline-based chemotherapy); **OR**
 - b. Individual has a decrease in cardiac function;
- OR**
6. Re-induction therapy in combination with ISRT for relapsed or refractory disease (only in highly favorable patients) in combination with nivolumab with or without bendamustine (preferred), or gemcitabine (NCCN 2A); **AND**
 - a. Individual has heavily pretreated disease (with platinum or anthracycline-based chemotherapy); **OR**
 - b. Individual has a decrease in cardiac function;

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OR

7. Relapsed or refractory disease as other therapy in combination with bendamustine (useful in certain circumstances);

OR

8. Relapsed or refractory disease for select patients with high-risk disease (progressive disease, refractory disease, or relapse within 1 year of original diagnosis) (NCCN 2A); **AND**

a. Adcetris will be used as maintenance therapy following high dose therapy and autologous stem cell rescue (HDT/ASCR);

OR

iii. Individual has a diagnosis of *Cutaneous Lymphoma* and is using for one of the following:

A. Relapsed primary cutaneous Anaplastic Large Cell Lymphoma (pcALCL) (Label, NCCN 2A); **AND**

1. Adcetris will be used as primary treatment for relapsed or refractory disease (NCCN2A); **AND**

a. Use as a single agent for pcALCL with multifocal lesions, or cutaneous ALCL with regional node (N1) (excludes systemic ALCL); **OR**

b. In combination with cyclophosphamide, doxorubicin, prednisone for pcALCL with regional node (N1) (excludes systemic ALCL);

OR

2. Relapsed or refractory lymphomatoid papulosis (LyP) with extensive lesions (NCCN2A); **AND**

a. Adcetris will be used as a single agent; **AND**

b. Individual is using following clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen (not used for primary treatment);

OR

B. Individual is using for one of the following:

1. CD30-expressing Mycosis Fungoides(MF) (after prior systemic therapy (Label); **OR**

2. Mycosis fungoides/Sézary syndrome as primary or subsequent systemic therapy in NCCN-supported stage- and disease-specific settings, including selected cases with skin-directed therapy (NCCN 2A);

OR

iv. Individual is using for one of the following *T-Cell lymphomas*:

A. Peripheral T-cell lymphoma (including 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, follicular T-cell lymphoma); **AND**

1. Adcetris will be used in one of the following ways:

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- a. Previously untreated sALCL or other CD30-expressing PTCL in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) (Label, NCCN 1); **OR**
- b. As first-line therapy for stage I-IV ALK-positive or stage I-IV ALK-negative ALCL in combination with CHP or CHEP (cyclophosphamide, doxorubicin, etoposide, prednisone) (NCCN 1 for CHP, NCCN 2A for all others); **OR**
- c. As first-line therapy for CD30+ histologies stage I-IV peripheral T-cell lymphomas (PTCL-NOS, AITL, EATL, MEITL, nodal PTCL with TFH phenotype, or follicular T-cell lymphoma); **AND**
 - i. Adcetris will be used in combination with CHP (preferred) or CHEP (NCCN 2A); **OR**
- d. As a single-agent preferred initial palliative intent or second-line and subsequent therapy for relapsed/refractory or progressive CD30+ peripheral T-cell lymphomas (NCCN 2A).

OR

B. Breast Implant Associated ALCL (NCCN 2A); **AND**

1. Individual is using as preferred adjuvant therapy for localized disease to capsule/implant/breast following incomplete excision or partial capsulectomy with residual disease if node positive or radiation therapy is not feasible, or consider for extended disease (stage II - IV); **AND**
 - a. Adcetris will be used as a single agent; **OR**
 - b. Adcetris will be used in combination with CHP (cyclophosphamide, doxorubicin, prednisone); **OR**
2. Individual is using as second line and subsequent therapy for relapsed or refractory disease (NCCN 2A); **AND**
 - a. Adcetris will be used as a single agent;

OR

C. Adult T-cell Leukemia/Lymphoma (ATLL) (NCCN 2A); **AND**

1. Individual has CD30+ disease; **AND**
2. Individual is using with CHP (cyclophosphamide, doxorubicin, prednisone) for one of the following:
 - a. Additional therapy in nonresponders to first-line therapy for smoldering symptomatic or chronic low-risk subtype; **OR**
 - b. First-line therapy for chronic high-risk subtype; **OR**
 - c. Additional therapy in nonresponders to first-line therapy with zidovudine and interferon for chronic high-risk subtype; **OR**
 - d. First-line therapy for acute subtype; **OR**
 - e. Continued treatment in responders to first-line therapy for acute subtype; **OR**
 - f. Additional therapy in nonresponders to first-line therapy for acute subtype (if not used in first-line therapy); **OR**

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g. First-line therapy for lymphoma subtype; OR h. Continued treatment in responders to first-line therapy for lymphoma subtype; OR 3. Individual is using as preferred second-line or subsequent therapy as a single agent for nonresponders to first-line therapy for one of the following: a. Chronic high-risk subtype; OR b. Acute subtype; OR c. Lymphoma subtype; OR D. Refractory Hepatosplenic T-Cell lymphoma (NCCN 2A); AND 1. Individual has CD30+ disease; AND 2. Individual is using as a single agent after 2 first-line therapy regimens (NCCN 2A); OR E. Relapsed/refractory extranodal NK/T-Cell Lymphomas (NCCN 2A); AND 1. Individual has CD30+ disease; AND 2. Individual is using as a single agent following additional therapy with an alternate combination chemotherapy regimen (asparaginase-based) not previously used; OR v. Individual has a diagnosis of <i>B-Cell lymphoma</i> and is using for one of the following: A. Relapsed or refractory pediatric (18 years or younger) Primary Mediastinal Large B-Cell Lymphoma; in combination with pembrolizumab or nivolumab (NCCN 2A); OR B. Relapsed or refractory <i>Diffuse Large B-Cell Lymphomas (DLBCL)</i> including DLBCL NOS, DLBCL arising from indolent lymphoma, or <i>high grade B-cell lymphoma (HGBL)</i>; AND 1. Adcetris will be used in combination with lenalidomide and a rituximab product after two or more lines of systemic therapy in individuals who are not eligible for auto-HSCT or CAR T-cell therapy (Label); AND 2. Individual is using as second line or subsequent therapy for relapsed disease <12 months after completion of first-line therapy or primary refractory disease in non-candidates for CAR T-cell therapy (includes patients who do not have access to CAR T-cell therapy) or if no intention to proceed to transplant (NCCN 2A); OR 3. Individual is using as alternative systemic therapy for relapsed or refractory disease (NCCN 2A); OR 4. Third-line and subsequent therapy in combination with lenalidomide and rituximab for partial response, relapsed, progressive or refractory disease; OR 5. In combination with lenalidomide and rituximab if no intention to proceed to transplant; AND				
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- a. Adcetris will be used as additional therapy for partial response, no response, progressive, or relapsed disease following chemoimmunotherapy for histologic transformation after minimal or no prior therapy; **OR**
 - b. Adcetris will be used for histologic transformation after multiple lines of prior therapies including ≥ 2 chemoimmunotherapy regimens for indolent disease prior to histologic transformation
- C. *HIV related B Cell Lymphomas*; **AND**
 1. Individual is using for one of the following:
 - a. Adcetris will be used as second-line and subsequent therapy for HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, and HHV8-positive diffuse large B-cell lymphoma, not otherwise specified, or for plasmablastic lymphoma; **AND**
 - i. Individual is using for relapsed disease < 12 months after completion of first-line therapy or primary refractory disease in non-candidates for CAR T-cell therapy (includes patients who do not have access to CAR T-cell therapy); **OR**
 - ii. For relapsed disease > 12 months after completion of first-line therapy if no intention to proceed to transplant; **OR**
 - iii. As alternative systemic therapy for relapsed or refractory disease;
 - OR**
 2. Relapsed plasmablastic lymphoma as a single agent;
 - OR**
 3. HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, and HHV8-positive diffuse large B-cell lymphoma, not otherwise specified, as third line and subsequent therapy in combination with lenalidomide and rituximab;
- OR**
- D. Relapsed, progressive or refractory monomorphic Post-Transplant lymphoproliferative disorders (B-cell type); **AND**
 1. Adcetris will be used as second-line and subsequent therapy for monomorphic PTLN (B-cell type); **AND**
 - a. Individual is using for relapsed disease < 12 months after completion of initial treatment with chemoimmunotherapy or primary refractory disease in non-candidates for CAR T-cell therapy (includes patients who do not have access to CAR T-cell therapy); **OR**
 - b. Individual is using for relapsed disease > 12 months after completion of initial treatment with chemoimmunotherapy if no intention to proceed to transplant; **OR**
 - c. Individual is using as alternative systemic therapy for relapsed or refractory disease;
- OR**

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2. Adcetris will be used as third-line and subsequent therapy in combination with lenalidomide and rituximab for partial response, relapsed, progressive or refractory disease

B. Criteria For Continuation of Therapy

Continuation requests for (Adcetris®) may be approved if the following criteria are met:

- i. MMM considers continuation of Brentuximab vedotin (Adcetris®) therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of unacceptable toxicity or disease progression while on the current regimen, and the recommended duration of therapy has not been exceeded. The following information should be submitted for reauthorization:
 - A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
 - B. Current imaging studies and other objective measures, as appropriate, showing no progression of disease when compared with previous results (every six months).

C. Authorization Duration

- i. Initial Approval Duration: Depending on the diagnosis, it will be approved per cycle or as requested, for up to 6-month (for the maximum duration of treatment as described in the product labeling information or approved compendia).
- ii. Reauthorization Approval Duration: Depending on the diagnosis, it will be approved per cycle or as requested, for up to 6-month (for the maximum duration of treatment as described in the product labeling information or approved compendia).

Indication	Maximum duration of therapy
Adult patients with previously untreated Stage III or IV classical Hodgkin lymphoma	Every 2 weeks for maximum of <u>12 doses</u> , disease progression, or unacceptable toxicity
Pediatric patients with previously untreated high risk classical Hodgkin lymphoma	Administer every 3 weeks with each cycle of chemotherapy for a maximum of <u>5 doses</u>
Adult patients with classical Hodgkin lymphoma consolidation	Every 3 weeks for a maximum of <u>16 cycles</u> , disease progression, or unacceptable toxicity.
Adult patients with relapsed classical Hodgkin lymphoma	Every 3 weeks until disease progression or unacceptable toxicity
Adult patients with previously untreated systemic ALCL or other CD30-expressing peripheral T-cell lymphomas	Administer every 3 weeks with each cycle of chemotherapy for <u>6 to 8 doses</u> .

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Adult patients with relapsed Systemic ALCL	Every 3 weeks until disease progression or unacceptable toxicity
Adult patients with relapsed primary cutaneous ALCL or CD30-expressing mycosis fungoides	Every 3 weeks until a maximum of <u>16 cycles</u> , disease progression, or unacceptable toxicity.
Adult patients with relapsed or refractory LBCL	Administer every 3 weeks until disease progression, or unacceptable toxicity

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Requests for Adcetris (brentuximab vedotin) may not be approved when the above criteria are not met and for all other indications.

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Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Brentuximab vedotin (Adcetris®) 50 mg injection

FDA-approved indication	Recommended Dose*	Maximum dose
Adult patients with previously untreated Stage III or IV classical Hodgkin lymphoma	1.2 mg/kg every 2 weeks in combination with chemotherapy	120 mg
Pediatric patients with previously untreated high risk classical Hodgkin lymphoma	1.8 mg/kg every 3 weeks in combination with chemotherapy	180 mg
Adult patients with classical Hodgkin lymphoma consolidation	1.8 mg/kg every 3 weeks	180 mg
Adult patients with relapsed classical Hodgkin lymphoma	1.8 mg/kg every 3 weeks	180 mg
Adult patients with previously untreated systemic ALCL or other CD30-expressing peripheral T-cell lymphomas	1.8 mg/kg every 3 weeks in combination with chemotherapy	180 mg
Adult patients with relapsed Systemic ALCL	1.8 mg/kg every 3 weeks	180 mg
Adult patients with relapsed primary cutaneous ALCL or CD30-expressing mycosis fungoides	1.8 mg/kg every 3 weeks	180 mg
Adult patients with relapsed or refractory LBCL	1.2 mg/kg every 3 weeks in combination with lenalidomide and rituximab	120 mg
Exceptions		
- Dose should be reduced in patients with mild hepatic impairment; use should be avoided in patients with moderate or severe hepatic impairment. - Use should also be avoided in patients with severe renal impairment.		

*The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.

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Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
B20	Human Immunodeficiency virus [HIV] disease [when specified as HIV related B-cell lymphoma]
C81.00-C81.99	Hodgkin lymphoma
C81.10-C81.19	Nodular sclerosis Hodgkin lymphoma
C81.20-C81.29	Mixed cellularity Hodgkin lymphoma
C81.30-C81.39	Lymphocyte depleted Hodgkin lymphoma
C81.40-C81.49	Lymphocyte-rich Hodgkin lymphoma
C81.70-C81.79	Other Hodgkin lymphoma
C81.90-C81.99	Hodgkin lymphoma, unspecified
C83.30-C83.38	Diffuse large B-cell lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.80-C83.89	Other non-follicular lymphoma
C83.90-C83.99	Non-follicular (diffuse) lymphoma, unspecified
C84.00-C84.19	Mycosis fungoides, Sézary disease
C84.40-C84.49	Peripheral T-cell lymphoma, not classified
C84.60-C84.69	Anaplastic large cell lymphoma, ALK-positive
C84.70-C84.79	Anaplastic large cell lymphoma, ALK-negative
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.90-C84.99	Mature T/NK-cell lymphomas, unspecified
C84.Z0-C84.Z9	Other mature T/NK-cell lymphomas
C85.20-C85.29	Mediastinal (thymic) large B-cell lymphoma
C86.00	Extranodal NT/T-cell lymphoma, nasal type not having achieved remission
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas

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HCPCS Codes:

Codes	Description
J9042	Injection, brentuximab vedotin, 1 mg [Adcetris]

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Reference Information:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
4. Cole PD, McCarten KM, Pei Q, et al. Brentuximab vedotin with gemcitabine for pediatric and young adult patients with relapsed or refractory Hodgkin's Lymphoma (AHOD1221): a Children's Oncology Group, multicentre single-arm, phase 1-2 trial. Lancet Oncol 2018; 19:1229-1238.
5. Cole PD, Mauz-Körholz C, Mascarini M, et al. Nivolumab and brentuximab vedotin (BV)-based, response-adapted treatment in children, adolescents, and young adults (CAYA) with standard-risk relapsed/refractory classical Hodgkin Lymphoma (R/R cHL): Primary analysis. J Clin Oncol 2020;38:8013 [Abstract].
6. Harker-Murray P, Mauz-Körholz C, Leblanc TM, et al. Nivolumab, Brentuximab Vedotin, +/- Bendamustine For R/R Hodgkin Lymphoma in Children, Adolescents, and Young Adults [published online ahead of print, 2022 Dec 23]. Blood. 2022;blood.2022017118. doi:10.1182/blood.2022017118. Available at: <https://ashpublications.org/blood/article/doi/10.1182/blood.2022017118/493879/Nivolumab-Brentuximab-Vedotin-Bendamustine-For-R-R>. Accessed March 30, 2023.
7. Horwitz S, O'Connor OA, Pro B, et al. Brentuximab vedotin with chemotherapy for CD30-positive peripheral T-cell lymphoma (ECHELON-2): a global, double-blind, randomised, phase 3 trial. Lancet. 2019;393(10168):229-240.
8. Herrera AF, Moskowitz AJ, Bartlett NL, et al. Interim results of brentuximab vedotin in combination with nivolumab in patients with relapsed or refractory Hodgkin lymphoma. Blood 2018; 131: 1183-1194. [NCT02572167].
9. Jacobsen ED, Sharman JP, Oki Y, et al. Brentuximab vedotin demonstrates objective responses in a phase 2 study of relapsed/refractory DLBCL with variable CD30 expression. Blood 2015; 125:1394-1402.
10. Lynch RC, Cassaday RD, Smith SD, et al. Dose-dense brentuximab vedotin plus ifosfamide, carboplatin, and etoposide for second-line treatment of relapsed or refractory classical Hodgkin lymphoma: a single centre, phase 1/2 study. Lancet Haematol. 2021;8(8):e562-e571. doi:10.1016/S2352-3026(21)00170-8. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8457616/>.
11. O'Connor OA, Lue JK, Sawas A, et al. Brentuximab vedotin plus bendamustine in relapsed or refractory Hodgkin's lymphoma: an international, multicentre, single-arm, phase 1-2 trial [published correction appears in Lancet Oncol. 2018 Mar;19(3):e137]. Lancet Oncol. 2018;19(2):257-266. doi:10.1016/S1470-2045(17)30912-9. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098158/>.
12. NCCN Clinical Practice Guidelines in Oncology. © 2026 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed June 15, 2026.
 - a. B-Cell Lymphomas. V4.2026. Revised May 20, 2026.
 - b. Hodgkin Lymphoma. V1.2026. Revised October 22, 2025.

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- c. Pediatric Aggressive Mature B-Cell Lymphomas. V1.2026. Revised May 13, 2026.
 - d. Pediatric Hodgkin lymphoma. V1.2026. Revised May 13, 2026.
 - e. Primary Cutaneous Lymphomas. V2.2026. Revised February 13, 2026.
 - f. T-Cell Lymphomas. V2.2026. Revised February 13, 2026.
13. Seagen Inc. (2025). ADCETRIS® (brentuximab vedotin) for injection, for intravenous use: Prescribing information. Revised February 2025. Available at: <https://labeling.pfizer.com/ShowLabeling.aspx?id=20629>. Accessed June 15, 2026.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review 6/15/26	Updated Background Information to align with the current Adcetris prescribing information and current NCCN recommendations. Revised Initial Approval criteria for classical Hodgkin lymphoma to incorporate current FDA-labeled indications and additional NCCN-supported uses, including primary treatment, second-line/subsequent therapy, and post-transplant maintenance pathways. Updated criteria for cutaneous lymphomas and adult T-cell leukemia/lymphoma to reflect current NCCN-supported uses and clarify CD30-positive disease requirements where applicable. Updated maximum duration of therapy and quantity limits table. Coding reviewed: added ICD-10-CM codes B20, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C83.398, C84.40-C84.49, C84.70-C84.79, C84.90-C84.99, C84.Z0-C84.Z9. Updated reference information and incorporated new policy template.	8/14/2026	8/19/2026
Annual Review 8/29/2025	Add use in plasmablastic lymphoma per NCCN; Add combination use with nivolumab for Pediatric (18 years or younger) Primary Mediastinal Large B-Cell Lymphoma and as Primary treatment for classical Hodgkin Lymphoma (HL) in older adults; remove stage requirements, single line of therapy requirements, and definition of high risk of progression in HL criteria for simplicity and to align with NCCN; wording and formatting updates. Coding Reviewed: Removed ICD-10-CM C86.1, C86.2, C86.5, C86.6, C84.A0-C84.A9. Removed C83.39 from code range to leave C83.30-C83.38. Added ICD-10-CM C86.10, C86.20, C86.50, C86.60, C83.398, C86.00, C83.80-C83.89.	9/5/2025	9/16/2025
Annual Review	Annual Review: Simplify non-Hodgkin lymphoma criteria and add HIV-related b-cell lymphoma and update Primary Mediastinal Large B-Cell Lymphoma to include combination with pembrolizumab instead of nivolumab; remove pembrolizumab combination in Hodgkin lymphoma as not recommended by NCCN; add additional combination regimen for previously untreated Hodgkin lymphoma per NCCN; include maintenance therapy and therapy for relapsed/refractory disease as a single agent in pediatric Hodgkin lymphoma. Coding Reviewed: Added ICD-10-CM B20, C83.30-C83.39, C84.7A, D47.Z1.	11/18/2024	12/17/2024
Select Review	Update statement for criteria for initial approval: Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met all approval criteria.	3/25/2024	5/9/2024
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023