Evolent Clinical Guideline 3031 for Adcetris™ (brentuximab vedotin)

Guideline Number:	Applicable Codes	
Evolent_CG_3031		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
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STATEMENT

Purpose

To define and describe the accepted indications for Adcetris (brentuximab vedotin) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

CD-30 Positive T-Cell Lymphomas

- Adcetris (brentuximab vedotin) may be used for T-Cell Lymphomas (including anaplastic large cell lymphomas) that are CD-30 positive and any of the following:
  - First line therapy as a single agent or as a component of brentuximab vedotin + chemotherapy [e.g., CHP (cyclophosphamide, doxorubicin, prednisone)] OR
  - Second line or subsequent therapy as a single agent for relapsed/refractory disease.

Classical Hodgkin Lymphoma

- Adcetris (brentuximab vedotin) may be used in members with classical Hodgkin Lymphoma that is CD-30 positive as follows:
  - Primary treatment in combination with AVD (doxorubicin, vinblastine, dacarbazine) for stage III-IV disease OR
  - As a single agent for subsequent lines of therapy (if not previously used) OR
  - As consolidation therapy in members who have not received prior brentuximab vedotin following HSCT (Hematopoietic Stem Cell Transplant).
- NOTE: The combination of [Adcetris (brentuximab) + Opdivo (nivolumab)] is not supported by Evolent Adcetris Policy for relapsed/refractory Hodgkin Lymphoma. This policy position is based on the lack of Level 1 Evidence (randomized clinical

trials and/or meta-analyses) to show superior outcomes compared to single agent Adcetris, single agent Opdivo, or Evolent recommended alternatives agents/regimens, including but not limited to regimens at **Evolent Pathways**.

- Adcetris (brentuximab vedotin) may be used in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) for members 2 years of age and older with previously untreated high risk classical Hodgkin lymphoma that is CD-30 positive. High risk was defined as Ann Arbor Stage IIB with bulk disease, Stage IIIB, Stage IVA, and Stage IVB.

Large B-Cell Lymphoma (LBCL)

- Adcetris (brentuximab vedotin) may be used in combination with Revlimid (lenalidomide) and rituximab/rituximab biosimilar in adult members with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are ineligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR T-cell therapy.

CONTRAINDICATIONS/WARNINGS

- Contraindications
  - Concomitant use with bleomycin due to pulmonary toxicity
- US Boxed Warning
  - JC virus infection resulting in progressive multifocal leukoencephalopathy (PML) and death can occur in patients receiving Adcetris (brentuximab vedotin).

EXCLUSION CRITERIA

- Disease progression while on Adcetris (brentuximab vedotin).
- Dosing exceeds single dose limit of Adcetris (brentuximab vedotin):
  - 180 mg (1.8 mg/kg/dose) as monotherapy for adult members, combination therapy for members 2 years of age and older for previously untreated high risk classical Hodgkin lymphoma, or combination therapy for adult members with previously untreated CD-30+ T Cell Lymphoma
  - 120 mg (1.2 mg/kg/dose) as combination therapy for adult members with previously untreated high risk classical Hodgkin lymphoma that is CD-30 positive, or combination therapy in adult members with relapsed or refractory large B-cell lymphoma (LBCL)
- Treatment with Adcetris (brentuximab vedotin) exceeds the maximum duration limit of 5 doses (as part of AVEPC for use in pediatrics); 6 months cycles as a part of AAVD (12 doses for first line treatment of Hodgkin's Disease) OR exceeds 16 cycles for refractory/relapsed disease/consolidation treatment after HSCT OR exceeds 8 doses for previously untreated CD-30+ T Cell Lymphoma.
- Investigational use of Adcetris (brentuximab vedotin) with an off-label indication that

is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

- Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
- Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
- Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
- Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
- That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer- reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9042 - Injection, brentuximab vedotin, 1 mg

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
March 2026	• Updated contraindications/warnings section • Update maximum dosages in exclusion criteria • Updated references
March 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1203 Adcetris (brentuximab vedotin)
December 2024	• Added Evolent disclaimer language • Added Coding Information section with HCPCS code • Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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