CVS/caremark

SPECIALTY GUIDELINE MANAGEMENT

ADCETRIS (brentuximab vedotin)

POLICY

I. 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.

A. FDA-Approved Indications
   1. Classical Hodgkin Lymphoma (CHL)
      a. Treatment of classical HL 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
      b. Classical HL at high risk of relapse or progression as post-auto-HSCT consolidation
   2. Systemic anaplastic large cell lymphoma (sALCL)
      a. Treatment of sALCL after failure of at least one prior multi-agent chemotherapy regimen

B. Compendial Uses
   1. Classical Hodgkin Lymphoma (CHL)
   2. Non-Hodgkin's Lymphoma (NHL)
      a. CD30+ Mycosis Fungoides (MF)/CD 30+ Sezary Syndrome (SS)
      b. Systemic CD30+ peripheral T-cell lymphoma (PTCL)
      c. Primary cutaneous CD30+ T-cell lymphoproliferative disorders

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Classical Hodgkin Lymphoma (CHL)
Authorization of 12 months may be granted for the treatment of CHL.

B. Non-Hodgkin's Lymphoma (NHL)

1. Systemic ALCL[1,3]
Authorization of 12 months may be granted to members who have failed at least one prior multi-agent chemotherapy regimen.

2. CD30+ mycosis Fungoides (MF)/CD30+ Sezary Syndrome (SS)
Authorization of 12 months may be granted for the treatment of MF or SS.

3. Systemic CD30+ peripheral T-cell lymphoma (PTCL)
Authorization of 12 months may be granted for the treatment of systemic CD30+ PTCL.

4. Primary cutaneous CD30+ T-cell lymphoproliferative disorders
Authorization of 12 months may be granted for the treatment of cutaneous ALCL and lymphomatoid papulosis (LyP).

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. DOSAGE AND ADMINISTRATIOM

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

V. REFERENCES

1. Adcetris [package insert]. Bothell, WA: Seattle Genetics, Inc; March 2016.
2. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed March 19, 2016.
3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Non-Hodgkin's Lymphomas. Version 2.2016. http://www.nccn.org/professionals/physician_gls/pdf/nhl.pdf. Accessed March 27, 2016.