New Century Health

Drug Policy:

Adcetris™ (brentuximab vedotin)

POLICY NUMBER UM ONC_1203	SUBJECT Adcetris™ (brentuximab vedotin)		DEPT/PROGRAM UM Dept	PAGE 1 of 4
DATES COMMITTEE REVIEWED 02/08/12, 10/13/13, 12/04/14, 07/26/16, 08/10/17, 08/08/18, 07/10/19, 10/09/19, 12/11/19, 04/08/20, 12/09/20, 02/10/21, 11/15/21, 01/12/22, 05/11/22, 09/20/22, 11/09/22, 12/14/22, 03/08/23, 05/10/23	APPROVAL DATE May 10, 2023	EFFECTIVE DATE May 26, 2023	COMMITTEE APPROVAL DATES 02/08/12, 10/13/13, 12/04/14, 07/26/16, 08/10/17, 08/08/18, 07/10/19, 10/09/19, 12/11/19, 04/08/20, 12/09/20, 02/10/21, 11/15/21, 01/12/22, 05/11/22, 09/20/22, 11/09/22, 12/14/22, 03/08/23, 05/10/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. 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.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. CD-30 Positive T-Cell Lymphomas

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

C. Classical Hodgkin Lymphoma

1. Adcetris (brentuximab vedotin) is being used in member with classical Hodgkin Lymphoma that is CD-30 positive and the following:
    a. Primary treatment in combination with AVD (doxorubicin, vinblastine, dacarbazine) for stage III-IV disease OR
    b. As a single agent for subsequent lines of therapy (if not previously used) OR
    c. 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 NCH Policy for relapsed/refractory Hodgkin Lymphoma. This policy position is based on a 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 NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.
2. 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. High risk was defined as Ann Arbor Stage IIB with bulk disease, Stage IIIB, Stage IVA, and Stage IVB.

III. EXCLUSION CRITERIA

A. Disease progression while on Adcetris (brentuximab vedotin).

B. Dosing exceeds single dose limit of Adcetris (brentuximab vedotin) 180 mg (1.8 mg/kg/dose) or 120 mg (1.2 mg/kg/dose).

C. 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.

D. 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:
    1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
    2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.

3. 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.
4. 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).
5. 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.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. 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.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

B. Requests for Adcetris (brentuximab vedotin) shall be reviewed for appropriateness per FDA approved product.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Johnson P, et al. RATHL Clinical Trial. Adapted Treatment Guided by Interim PET-CT Scan in Advanced Hodgkin's Lymphoma. N Engl J Med. 2016 Jun 23;374(25):2419-29.

B. Hasenclever D, Diehl V. A prognostic score for advanced Hodgkin's disease. International Prognostic Factors Project on Advanced Hodgkin's Disease. N Engl J Med. 1998 Nov 19;339(21):1506-14.

C. Connors JM, et al. ECHELON-1 Study Group. Brentuximab Vedotin with Chemotherapy for Stage III or IV Hodgkin's Lymphoma. N Engl J Med. 2018 Jan 25;378(4):331-344.

D. Horwitz S, et al. ECHELON-2 Study Group. Brentuximab vedotin with chemotherapy for CD30-positive peripheral T-cell lymphoma (ECHELON-2): a global, double-blind, randomised, phase 3 trial. Lancet. 2019 Jan 19;393(10168):229-240.

E. Adcetris prescribing information. Seagen Inc. Bothell, WA 2022.

F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.

G. Clinical Pharmacology Elsevier Gold Standard 2023.

H. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

J. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

K. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

L. NCQA UM 2023 Standards and Elements.