



<b>CLINICAL MEDICATION POLICY</b>	
<b>Policy Name:</b>	Adcetris® (Brentuximab Vedotin)
<b>Policy Number:</b>	MP-035-MD-PA
<b>Responsible Departments:</b>	Medical Management Medical Policy; Clinical Pharmacy
<b>Provider Notice Date:</b>	06/01/2017
<b>Original Effective Date:</b>	07/01/2017
<b>Annual Approval Date:</b>	01/30/2018
<b>Revision Date:</b>	12/13/2016
<b>Products:</b>	Pennsylvania Medicaid
<b>Application:</b>	All participating hospitals and providers
<b>Page Number(s):</b>	1 of 11

**Disclaimer**

***Gateway Health<sup>SM</sup> (Gateway) clinical medication policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.***

**POLICY STATEMENT**

Gateway Health<sup>SM</sup> provides coverage under the medical or pharmacy benefits of the Company’s Medicaid products for medically necessary intravenous infusions of Adcetris® (brentuximab vedotin).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

## **DEFINITIONS**

**Medical Necessity** – A service or benefit is medically necessary if it is compensable under the Medical Assistance program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist the patient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the patient and those functional capacities that are appropriate for patients of the same age.

## **PROCEDURES**

1. Adcetris is considered eligible for the following conditions when the medical necessity guidelines are met:
  - A. Coverage may be provided when the diagnosis is Hodgkin's disease and the following criteria are met:
    - 1) The member is 18 years of age or older; AND
    - 2) The prescriber is a hematologist/oncologist; AND
    - 3) The member has CD30+ disease; AND
    - 4) The member has failed autologous hematopoietic stem cell transplant (AHSCT); OR
    - 5) The member has failed at least two prior multi-agent chemotherapy regimens when not a candidate for auto-HSCT; OR
    - 6) The medication is being used as consolidation therapy after auto-HSCT for a member at high risk of relapse or disease progression; AND
    - 7) The member is not receiving concurrent treatment with bleomycin; AND
    - 8) The dose does not exceed 1.8 mg/kg (up to 180 mg/dose) and is not administered more frequently than once every three weeks; AND
    - 9) The administration does not exceed 16 cycles when used for consolidation after auto-HSCT
  - B. Coverage may be provided when the diagnosis is Systemic Anaplastic Large Cell Lymphoma (sALCL) and the following criteria are met:
    - 1) The member is 18 years of age or older; AND
    - 2) The prescriber is a hematologist/oncologist; AND
    - 3) The member has CD30+ disease; AND
    - 4) The member has failed at least one prior multi-agent chemotherapy regimen; AND
    - 5) The member is not receiving concurrent treatment with bleomycin; AND
    - 6) The dose does not exceed 1.8 mg/kg (up to 180 mg/dose) and is not administered more frequently than once every three weeks.

2. Contraindications

The safety and effectiveness of Adcetris has not been established in the pediatric population. Clinical trials of Adcetris included only nine pediatric members, and this number is not sufficient to determine whether they respond differently than adult members.

3. Other Contraindications

- A. Members with hypersensitivity to Adcetris or any of its components
- B. Members who have experienced severe motor or sensory neuropathy
- C. Adcetris should not be used in the treatment of lymphocyte predominant Hodgkin lymphoma, unless CD30+ immunophenotype is confirmed
- D. Women who are pregnant or lactating and have not been apprised of the potential hazard to the fetus
- E. Members < 18 years of age (safety and efficacy have not been established)
- F. Adcetris should be used cautiously in members at risk for tumor lysis syndrome
- G. Members with renal and hepatic impairment (safety and efficacy have not been established)
- H. Members that have experienced severe or life-threatening reactions, including any of the following, while receiving Adcetris:
  - 1) Stevens-Johnson Syndrome
  - 2) Severe infusion-related reaction including anaphylaxis
  - 3) Severe neutropenia, not responsive to growth factor
  - 4) Progressive multifocal leukoencephalopathy, related to the use of Adcetris

4. Black Box Warning:

Progressive multifocal leukoencephalopathy (PML): JC virus infection resulting in PML and death can occur in patients receiving Adcetris. JC virus infection resulting in PML and death has been reported in Adcetris treated patients. In addition to Adcetris therapy, other possible contributory factors include prior therapies and underlying disease that may cause immunosuppression. Consider the diagnosis of PML in any patient presenting with new-onset signs and symptoms of central nervous system abnormalities. Evaluation of PML includes, but is not limited to, consultation with a neurologist, brain MRI, and lumbar puncture or brain biopsy. Hold Adcetris dosing for any suspected case of PML and discontinue Adcetris dosing if a diagnosis of PML is confirmed.

5. When Adcetris is not covered

Adcetris is not covered for conditions other than those listed above because the scientific evidence has not been established.

Coverage may be provided for any non-FDA labeled indication or a medically accepted indication that is supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis for which it is prescribed and will be reviewed on a case-by-case basis to determine medical necessity.

6. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Gateway Health<sup>SM</sup> at any time pursuant to the terms of your provider agreement.

## 7. Place of Service

The place of service for the administration of Adcetris is outpatient.

### Governing Bodies Approval

Brentuximab vedotin (Adcetris) was approved by the FDA on August 19, 2011, for the treatment of individuals with the following indications:

- 1) Individuals with classical Hodgkin lymphoma after failure of autologous hematopoietic stem cell transplant
- 2) Individuals with classical Hodgkin lymphoma who are not candidates for autologous hematopoietic stem cell transplant and after failure of two prior multi-agent chemotherapy treatments
- 3) Individuals with classical Hodgkin lymphoma at high risk of relapse or progression as post auto-hematopoietic stem cell transplantation consolidation
- 4) Individuals with systemic anaplastic large cell lymphoma after failure of at least one prior multi-agent chemotherapy regimen

### **CODING REQUIREMENTS**

#### Procedure Codes:

HCPCS Code	Description
J9042	Injection, brentuximab vedotin, 1 mg

#### Diagnosis Codes:

ICD-10 Codes	Description
C81.00	Nodular lymphocyte predominate Hodgkin lymphoma, unspecified type
C81.01	Nodular lymphocyte predominate Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominate Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominate Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominate Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominate Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominate Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominate Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominate Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominate Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, neck, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes

C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte-depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte-depleted classical Hodgkin lymphoma, lymph nodes of head, face and neck
C81.32	Lymphocyte-depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte-depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte-depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte-depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte-depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte-depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte-depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte-depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb

C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other classical Hodgkin lymphoma, unspecified site
C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face and neck
C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other classical Hodgkin lymphoma, spleen
C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified, unspecified lymph nodes of head, face and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes

C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes

C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, neck and face
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites



C83.80	Other non-follicle lymphoma, unspecified site
C83.81	Other non-follicle lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicle lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicle lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicle lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicle lymphoma, lymph nodes of inguinal regional and lower limb
C83.86	Other non-follicle lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicle lymphoma, spleen
C83.88	Other non-follicle lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicle lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C86.5	Angioimmunoblastic T-cell lymphoma
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb

C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites

## **REIMBURSEMENT**

Participating facilities will be reimbursed per their Gateway Health<sup>SM</sup> contract.

## **POLICY SOURCE(S)**

ADCETRIS<sup>®</sup> [package insert]. Seattle Genetics, Inc. Bothell, WA. August 2015. Available at: <http://www.adcetris.com/pdf/ADCETRIS-brentuximab-vedotin-Prescribing-Information.pdf>.

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NCCN Guidelines Version 2.2014 Hodgkin Lymphoma. National Comprehensive Cancer Network, Inc. 2.2012. Available at: [http://www.nccn.org/professionals/physician\\_gls/pdf/hodgkins.pdf](http://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf).

National Comprehensive Cancer Network – Drugs & Biologics Compendium. Brentuximab vedotin. Available at: [http://www.nccn.org/professionals/drug\\_compendium/MatrixGenerator/PrintMatrix.aspx?AID=374](http://www.nccn.org/professionals/drug_compendium/MatrixGenerator/PrintMatrix.aspx?AID=374).

Younes A, Bartlett N, Leonard JP, et al. Brentuximab vedotin (SGN-35) for relapsed CD30-positive lymphomas. N Eng J Med 2010; 363:1812-1821. November 4 2010. DOI: 10.1056/NEJMoa1002965. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMoa1002965>.

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## Policy History

Date	Policy Information
08/26/2016	Initial policy developed
12/01/2016	Provider effective date
12/13/2016	Revisions: Annual Review, updated indications and dosage, and updated references <b>Criteria Changes:</b> <ul style="list-style-type: none"><li>• Age criteria deletion for Hodgkin lymphoma and sALCL- <i>"The patient is not aged 65 years or older"</i>;</li><li>• Disease type addition for Hodgkin lymphoma and sALCL- <i>The member has CD30+ DISEASE</i>;</li><li>• Interaction with other drug for Hodgkin lymphoma and sALCL- <i>The member is not receiving concurrent treatment with bleomycin</i>;</li><li>• Removal of CD30+ Cutaneous Anaplastic Large Cell Lymphoma condition.</li></ul>
05/17/2017	QI/UM approval
07/01/2017	Provider effective date