



CLINICAL MEDICATION POLICY	
Policy Name:	Adcetris® (brentuximab vedotin)
Policy Number:	MP-015-MC-PA
Responsible Departments:	Medical Management; Clinical Pharmacy
Provider Notice Date:	06/19/2017
Original Effective Date:	07/19/2017
Annual Approval Date:	04/19/2017
Revision Date:	N/A
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
Page Number(s):	1 of 12

DISCLAIMER

Gateway HealthSM (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 HealthSM provides coverage under the medical benefits of the Company's Medicare 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.)

PROCEDURES

1. Adcetris is considered eligible for the following conditions when the medical necessity guidelines are met:
 - a. Hodgkin's Disease
 - 1) The member must be diagnosed with Hodgkin's disease; AND
 - 2) The member is aged 18 years or older; AND
 - 3) The prescriber is a hematologist/oncologist; AND
 - 4) The member has CD30+ disease; AND
 - 5) The member has failed autologous hematopoietic stem cell transplant (AH SCT); OR
 - 6) The member has failed at least two prior multi-agent chemotherapy regimens when not a candidate for an auto-HSCT; OR
 - 7) The member is not receiving concurrent treatment with bleomycin; AND
 - 8) The dose does not exceed 1.8 mg/kg or 180 mg/day or 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. Systemic Anaplastic Large Cell Lymphoma (sALCL)
 - 1) The member is aged 18 years 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 or 180 mg/day or is not administered more frequently than once every three weeks.

2. Contraindications

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

Clinical trials of Adcetris did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Safety and efficacy have not been established.

Note: Progressive multifocal leukoencephalopathy (PML) has been reported in a patient who received four chemotherapy regimens prior to receiving Adcetris.

3. Other Contraindications

- A. Members with hypersensitivity to Adcetris (brentuximab vedotin) or any of its components
- B. Members who have experienced severe motor or sensory neuropathy
- C. Adcetris (brentuximab vedotin) 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 (brentuximab vedotin) 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 (brentuximab vedotin):
 - 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 (brentuximab vedotin)

Black Box Warning:

Progressive multifocal leukoencephalopathy (PML): JC virus infection resulting in PML and death can occur in patients receiving Adcetris (brentuximab vedotin). JC virus infection resulting in PML and death has been reported in Adcetris (brentuximab vedotin) treated patients. In addition to Adcetris (brentuximab vedotin) 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 (brentuximab vedotin) dosing for any suspected case of PML and discontinue Adcetris (brentuximab vedotin) dosing if a diagnosis of PML is confirmed.

4. When services are not covered

Services are not covered for conditions other than those listed above because 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.

5. Post-payment Audit Statement

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

6. Place of Service

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

7. Coverage Determination

Gateway HealthSM follows the coverage determinations made by CMS as outlined in either the national coverage determinations (NCD) or the state-specific local carrier determination (LCD).

For Pennsylvania, there is no state-specific LCD or NCD for Adcetris. For additional information, please see:

http://www.novitas-solutions.com/webcenter/portal/MedicalPolicy_JL/?_afLoop=237596175793895#!%40%40%3F_afLoop%3D237596175793895%26_adf.ctrl-state%3Dwnoa115p2_42

GOVERNING BODIES APPROVAL

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

- a. Individuals with classical Hodgkin lymphoma after failure of autologous hematopoietic stem cell transplant
- b. 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
- c. Individuals with classical Hodgkin lymphoma at high risk of relapse or progression as post auto-hematopoietic stem cell transplantation consolidation
- d. Individuals with systemic anaplastic large cell lymphoma after failure of at least one prior multi-agent chemotherapy regimen

On August 17, 2015, the FDA-approved label was updated to allow brentuximab vedotin (Adcetris) for the treatment of individuals with classical Hodgkin lymphoma after failure of autologous HSCT or after failure of at least two prior multi-agent chemotherapy treatments in individuals who are not candidates for autologous HSCT.

On August 17, 2015, brentuximab vedotin (Adcetris) was approved for the treatment of individuals with classical Hodgkin lymphoma at high risk of relapse or progression as post auto-hematopoietic stem cell transplantation consolidation, treatment given after the cancer has disappeared following the initial therapy.

CODING REQUIREMENTS

Procedure Codes

CPT/HCPCS Codes	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 HealthSM contract.

POLICY SOURCE(S)

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

Chen RW, Gopal AK, Smith SE, et al. Results from a pivotal phase II study of brentuximab vedotin (SGN-35) in patients with relapsed or refractory Hodgkin lymphoma (HL). ASCO Meeting Abstracts 2011; 29(15_suppl):8031. Available at: <http://meetinglibrary.asco.org/content/76520-102>.

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.

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

Policy History

Date	Activity
04/03/2017	Initial policy developed
04/19/2017	QI/UM Committee approval
07/19/2017	Provider effective date