

GCHP Medi-Cal Clinical Guidelines Brentuximab (Adcetrix™)

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	<ul style="list-style-type: none"> Adult patients with previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine. Pediatric patients 2 years of age and older with previously untreated high risk classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide. Adult patients with classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation. Adult patients with classical Hodgkin lymphoma (cHL) after failure of auto-HSCT or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates. Adult patients with previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified, in combination with cyclophosphamide, doxorubicin, and prednisone. Adult patients with systemic anaplastic large cell lymphoma (sALCL) after failure of at least one prior multi-agent chemotherapy regimen. Adult patients with primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) who have received prior systemic therapy.
Exclusion Criteria	Concomitant use with bleomycin due to pulmonary toxicity.
Required Medical Information	<p>FDA approved indication and dosing regimens AND used for one of the following:</p> <ul style="list-style-type: none"> Anaplastic large cell lymphoma (primary cutaneous), relapsed: Treatment of primary cutaneous anaplastic large cell lymphoma in recipients who have received prior systemic therapy. Anaplastic large cell lymphoma (systemic), previously untreated: Treatment of previously untreated systemic anaplastic large cell lymphoma (in combination with cyclophosphamide, doxorubicin, and prednisone). Anaplastic large cell lymphoma (systemic), relapsed: Treatment of systemic anaplastic large cell lymphoma after failure of at least one prior multiagent chemotherapy regimen. Hodgkin lymphoma, previously untreated: Treatment of previously untreated stage III or IV classical Hodgkin lymphoma (in combination with doxorubicin, vinblastine, and dacarbazine).



	<ul style="list-style-type: none">• Hodgkin lymphoma, relapsed or refractory: Treatment of classical Hodgkin lymphoma after failure of at least two prior multiagent chemotherapy regimens (in recipients who are not autologous hematopoietic stem cell transplant [HSCT] candidates) or after failure of autologous HSCT.• Hodgkin lymphoma, consolidation (post-autologous hematopoietic stem cell transplantation): Treatment of classical Hodgkin lymphoma in recipients at high risk of relapse or progression as post-autologous HSCT consolidation.• Mycosis fungoides, relapsed: Treatment of CD30-expressing mycosis fungoides in recipients who have received prior systemic therapy.• Peripheral T-cell lymphoma, CD30-expressing, previously untreated: Treatment of previously untreated CD30-expressing peripheral T-cell lymphomas (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified (in combination with cyclophosphamide, doxorubicin, and prednisone).						
Age Restriction	2 years of age and older. < 21 years of age – check for CCS eligibility						
Prescriber Restrictions	Hematologist / oncologist						
Coverage Duration	Initial: Six months Renewal: 12 months						
Other Criteria / Information	<div>Adapted from DHCS Pharmacy Manual Chemo Drug b May 2024.</div> <table><tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr><tr><td>J9042</td><td>Brentuximab vedotin 1mg injection (Adcetris)</td><td>Max dose: 180 mg (180 units) every three weeks or 120 mg (120 units) every two weeks.</td></tr></table>	HCPCS	Description	Dosing, Units	J9042	Brentuximab vedotin 1mg injection (Adcetris)	Max dose: 180 mg (180 units) every three weeks or 120 mg (120 units) every two weeks.
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STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	1/14/2025	N/A	Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	2/13/2025	Pharmacy & Therapeutics (P&T) Committee	6/1/2025