May 5th, 2017

21823 30th Dr. SE
Bothell, WA
98021

Dear Joan,

On behalf of Seattle Genetics, Inc., I respectfully request the National Comprehensive Cancer Network (NCCN) Compendium team to review the first NCCN Drugs and Biologics Compendium recommended use for brentuximab vedotin as maintenance therapy following high-dose therapy and autologous stem cell rescue in Hodgkin Lymphoma- Classical Hodgkin Lymphoma (Age ≥ 18 years).

Specific Change: please consider changing the recommended use criteria to:

Maintenance therapy following high-dose therapy and autologous stem cell rescue for refractory or relapsed disease in patients.

-consider if Deauville 1-3 prior to transplant
-strongly consider if Deauville 4 prior to transplant

Rationale: The NCCN Clinical Practice Guidelines in Oncology for Hodgkin lymphoma Version 1.2017 were updated and published on March 1st, 2017. There is discordance between the FDA Clearance indication which does not prohibit use in patients who have received prior brentuximab vedotin, the 2016 and 2017 published NCCN guidelines (HODG-15) which include a footnote that "the value of brentuximab maintenance for a patient who previously received brentuximab vedotin is not known" but does not prohibit its use, and the first compendium NCCN recommended use for brentuximab vedotin which indicates that brentuximab vedotin only be used "in patients who have not received prior brentuximab vedotin".

FDA Clearance (cHL indication):

Brentuximab vedotin is approved for the following Hodgkin lymphoma indications:

1. Classical Hodgkin lymphoma at high risk of relapse or progression as post-auto HSCT consolidation.

2. The treatment of patients with Hodgkin lymphoma after failure of autologous stem cell transplant (ASCT) or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not ASCT candidates

Principles of Systemic Therapy for Relapsed or Refractory Disease (HODG-E)

1. Brentuximab vedotin is a treatment option if HDT/ASCR has failed or at least 2 prior multi-agent chemotherapy regimens have failed. In selected patients, brentuximab vedotin can be used as second-line therapy **prior** to HDT/ASCR to minimize the use of more intensive chemotherapy.

2. Brentuximab vedotin is currently listed as a second-line or subsequent therapy category 2A (only for cHL).

3. Brentuximab vedotin is listed in the post HDT/ASCR Maintenance Therapy (HODG-15) algorithm. For patients with Deauville 1-3 post HDT/ASCR, the Guidelines suggest "observation or consider brentuximab vedotin". For Deauville 4, the recommendation is to "strongly consider brentuximab vedotin". Footnote yy indicates that the value of brentuximab maintenance for a patient who has previously receive brentuximab vedotin is not known. It does not provide a survival benefit."

Current NCCN Drugs & Biologics Compendium-Brentuximab vedotin

Maintenance therapy following high-dose therapy and autologous stem cell rescue for refractory or relapsed disease **in patients who have not received prior brentuximab vedotin**

Rationale for recommended change

Currently, there have been some unintended patient access consequences where medical use criteria from several national and regional managed care organizations has inferred that patients who are being treated with brentuximab vedotin in the second line setting cannot continue treatment as maintenance therapy post-HDR/ASCR or following failure after HDR/ASCR.. The unintended consequences for patients who have received brentuximab vedotin as a bridge to transplant are not eligible for brentuximab vedotin consolidation post ASCR. The removal of "who have not received prior brentuximab vedotin" would make the NCCN guidelines and the NCCN Drugs and Biologics Compendium more concordant.

Brentuximab vedotin is a second line treatment option and considered or strongly considered in the maintenance setting after failure of transplant. It is also an option in the guidelines prior to transplant to minimize the use of more intensive chemotherapy. Please

consider the specific change so that the guidelines, compendium and FDA cleared indication may be concordant.

We appreciate the opportunity to discuss this with you last week and provide this additional information for consideration. If you have any questions or require additional information, please do not hesitate to contact me at 425-361-6584 or via email at csugg@seagen.com. Thank you for your time and consideration.

Sincerely,

Chris Sugg

Chris Sugg, PharmD

Senior Director, Clinical Value and Outcomes

21823 30th Drive SE, Bothell, WA 98021

T: 425.527.2916 | Cell: 425.361.6584 | F: 425.527.2016

csugg@seagen.com | www.seattlegenetics.com