

Polivy (polatuzumab vedotin-piiq)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Polivy (polatuzumab vedotin-piiq)

APPROVAL CRITERIA

Requests for Polivy (polatuzumab vedotin-piiq) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (including high-grade B-cell lymphomas); **AND**
- II. Individual is using in combination with bendamustine and a rituximab product (including rituximab biosimilars); **AND**
- III. Individual has received at least one prior lines of therapy (NCCN 2A); **AND**
- IV. Individual is ineligible for autologous hematopoietic stem cell transplantation (HSCT);

OR

- V. Individual has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (including high-grade B-cell lymphomas); **AND**
- VI. Individual is using as a bridging option (typically 1 or more cycles as necessary) until CAR T-cell product is available (NCCN 2A);

OR

- VII. Individual has a diagnosis of previously untreated diffuse large B-cell lymphoma (DLBCL), not otherwise specified (including high-grade B-cell lymphomas); **AND**
- VIII. Individual is using in combination with a rituximab product (including rituximab biosimilars), , cyclophosphamide, doxorubicin, and prednisone (Pola-R-CHP); **AND**
- IX. Individual has international prognostic index for diffuse large B-cell Lymphoma (IPI) 2 or higher.

Requests for Polivy (polatuzumab vedotin-piiq) may not be approved when the above criteria are not met and for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.

3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. Morschhauser F, Flinn IW, Advani R, et al. Polatuzumab vedotin or pinatuzumab vedotin plus rituximab in patients with relapsed or refractory non-Hodgkin lymphoma: final results from a phase 2 randomised study (ROMULUS). *Lancet Haematol*. 2019 May;6(5):e254-e265. doi: 10.1016/S2352-3026(19)30026-2. Epub 2019 Mar 29.
6. Sehn LH, Herrera AF, Flowers CR, et al. Polatuzumab Vedotin in Relapsed or Refractory Diffuse Large B-Cell Lymphoma. *J Clin Oncol* 2020; 38:155-165.
7. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed June 21, 2023.
 - a. B-cell Lymphomas. V4.2023. Revised June 2, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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