Mass General Brigham
Health Plan

Polivy® (polatuzumab vedotin-piiq)
Effective 03/04/2024

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

Polivy (polatuzumab vedotin-piiq) is a CD79b-directed antibody-drug conjugate indicated:

- in combination with bendamustine and a rituximab product for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, after at least two prior therapies.
- in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) is indicated for the treatment of adult patients who have previously untreated diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS) or high-grade B-cell lymphoma (HGBL) and who have an International Prognostic Index score of 2 or greater.

No PA	Drugs that require PA
Alternatives vary by patient age and disease category and may include systemic chemotherapy. Please refer to the NCCN guidelines for the most up-to-date recommendations.	Polivy (polatuzumab vedotin-piiq)

NCCN=National Comprehensive Cancer Network

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with Polivy, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of diffuse large B-cell lymphoma (DLBCL)
2. Member ≥18 years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing

5. **ONE** of the following:
    a. **ALL** of the following:
        i. DLBCL is previously untreated
        ii. There is a documented International Prognostic Index score of ≥ 2
    b. Inadequate response or adverse reaction to at least **ONE** or contraindication to **ALL** systemic therapies (*See Appendix for examples of multi-agent chemotherapy regimens*)

Limitations

1. Approvals will be granted for 6 months.
2. Polivy (polatuzumab vedotin-piiq) is FDA-approved for a maximum of six treatment cycles. Reauthorizations for use beyond six treatment cycles will be reviewed on a case by case basis.
3. Members who have already started treatment on Polivy® may be approved for any FDA-approved indication (up to a maximum of six treatment cycles)

Appendix

Examples of systemic therapies for DLBCL

Below are some examples of regimens used in the treatment of DLBCL. Please note that this is not an all-inclusive list. If the request includes a multi-agent chemotherapy regimen not listed here and there is evidence that it is used in DLBCL treatment, then that can be counted towards one systemic therapy trial.

- Bendamustine ± rituximab
- Brentuximab vedotin
- CEPP (cyclophosphamide, etoposide, prednisone, procarbazine) ± rituximab
- CEOP (cyclophosphamide, etoposide, vincristine, prednisone) ± rituximab
- DA-EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- DHA (dexamethasone, cytarabine) + platinum (carboplatin, cisplatin, or oxaliplatin) ± rituximab
- EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin) ± rituximab
- GDP (gemcitabine, dexamethasone, cisplatin) ± rituximab or (gemcitabine, dexamethasone, carboplatin) ± rituximab
- Gemcitabine, vinorelbine ± rituximab
- GemOx (gemcitabine, oxaliplatin) ± rituximab
- Ibrutinib
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Lenalidomide ± rituximab
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- RCDOP (rituximab, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone)
- RCEOP (rituximab, cyclophosphamide, etoposide, vincristine, prednisone)
- RCEPP (rituximab, cyclophosphamide, etoposide, prednisone, procarbazine)
- RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)
- RGCVP (rituximab, gemcitabine, cyclophosphamide, vincristine, prednisolone)
- Rituximab
- Tafasitamab + lenalidomide
- Anti-CD19 CAR T-cell therapy
    - Axicabtagene ciloleucel
    - Lisocabtagene maraleucel

References

1. Polivy® [package insert]. South San Francisco (CA): Genentech; 2020 Jun.
2. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): B-cell Lymphomas Version 4.2021 [guideline on the internet]. Fort Washington, Pennsylvania: National Comprehensive Cancer Network; 2021 May 5 [cited 2021 Aug 25]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf
3. Freedman AS, Aster JC. Epidemiology, clinical manifestations, pathologic features, and diagnosis of diffuse large B cell lymphoma. In Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Aug 26]. Available from: https://www.uptodate.com/contents/epidemiology-clinical-manifestations-pathologic-features-and-diagnosis-of-diffuse-large-b-cell-lymphoma
4. Polivy® (polatuzumab vedotin-piiq) product eDossier. July 30. 2019. Version 4.0. Manufacturer Genentech. Accessed via secure log in to the AMCP eDossier System (https://amcp.edossiers.com) on 07/30/2019.

Review History

01/11/23 - Reviewed and created for Jan P&T; matched MH UPPL. Created criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.
2/14/24 – Reviewed and updated for P&T. A new indication of previously untreated DLBCL was added to criteria. Effective 3/4/24