Polivy (polatuzumab vedotin–piiq)

Policy Number: 5.02.566  Last Review: 12/2020
Origination: 12/2019  Next Review: 12/2021

Policy
Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for Polivy (polatuzumab vedotin–piiq) when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered
Polivy (polatuzumab vedotin–piiq) may be considered medically necessary when all of the following criteria are met:

FDA-Approved Indications

1. Diffuse Large B-Cell Lymphoma. Approve for 6 months if the patient meets the following criteria (A, B, C, and D):
   A) The patient is ≥ 18 years of age; AND
   B) The patient has been treated with at least two prior chemotherapy regimens; AND
   C) Polivy will be used in combination with bendamustine and a rituximab product (e.g., Rituxan, Truxima); AND
   D) Polivy is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

2. High-Grade B-Cell Lymphoma. Approve for 6 months if the patient meets the following criteria (A, B, C, and D):
   A) The patient is ≥ 18 years of age; AND
   B) The patient has been treated with at least two prior chemotherapy regimens; AND
   C) Polivy will be used in combination with bendamustine and a rituximab product (e.g., Rituxan, Truxima); AND
   D) Polivy is prescribed by or in consultation with an oncologist.

When Policy Topic is not covered
Polivy (polatuzumab vedotin–piiq) is considered not medically necessary when the above criteria is not met and investigational for all other uses.
**Considerations**

Polivy (polatuzumab vedotin–piiq) requires prior authorization through the Clinical Pharmacy Department.

This Blue Cross and Blue Shield of Kansas City policy statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, local medical policies of other health plans, Medicare (CMS), local providers.

**Description of Procedure or Service**

Polivy is a CD79b-directed antibody-drug conjugate consisting of a humanized IgG monoclonal antibody directed against CD79b covalently linked to the anti-mitotic agent monomethyl auristatin E (MMAE).¹ The monoclonal antibody binds to the B-cell specific surface protein, CD79b and is internalized. Once inside the cell, lysosomal proteases cleave MMAE from the antibody enabling it to bind to microtubules, causing cell death by inhibiting cell division.

Polivy in combination with bendamustine and a rituximab product is indicated 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.¹ Accelerated approval was granted for this indication based on complete response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

**Guidelines**


**Rationale**

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Polivy (polatuzumab vedotin–piiq) while maintaining optimal therapeutic outcomes.

**REFERENCES**

Billing Coding/Physician Documentation Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J9309</td>
<td>Injection, polatuzumab vedotin-piq, 1 mg</td>
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Additional Policy Key Words

N/A

Policy Implementation/Update Information

<table>
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<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>01/2019</td>
<td>New policy titled Polivy (polatuzumab vedotin-piq)</td>
</tr>
<tr>
<td>12/2020</td>
<td>Annual review – no changes made</td>
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State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating healthcare providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.