

## Polivy™ (polatuzumab vedotin-piiq) (Intravenous)

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Dates Reviewed: 07/2019, 09/2019

### I. Length of Authorization

Coverage will be provided for six months (up to 6 cycles of therapy) and may NOT be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Polivy 140 mg SDV vial: 1 vial per 21 days\*

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 140 billable units every 21 days\*

### III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is 18 years or older; **AND**
- Patient will receive prophylaxis for *Pneumocystis jiroveci* pneumonia and herpesvirus; **AND**
- Patient does not currently have Grade  $\geq 2$  peripheral neuropathy; **AND**
- Patient has not had a prior allogeneic stem-cell transplant; **AND**
- Patient has not had an autologous stem-cell transplant within 100 days prior to start of therapy, or is not a candidate; **AND**
- Patient has not had chimeric antigen receptor T-cell (CAR-T) therapy within 100 days prior to start of therapy; **AND**
- Patient does not have CNS lymphoma; **AND**
- Patient does not have a history of transformation of indolent disease to DLBCL; **AND**

#### **Diffuse Large B-cell Lymphoma (DLBCL) †**

- Patient has relapsed or refractory disease; **AND**
- Used in combination with bendamustine and rituximab; **AND**
- Used as subsequent treatment after at least two prior therapies (*Note: For patients with relapsed disease who received prior bendamustine, response duration must have been >1 year*)

† FDA Approved Indication(s), ‡ Compendia Recommended Indication(s)

#### IV. Renewal Criteria

Coverage cannot be renewed.

#### V. Dosage/Administration

Indication	Dose
DLBCL	<p>The recommended dose of Polivy is 1.8 mg/kg administered as an intravenous infusion every 21 days for 6 cycles in combination with bendamustine and rituximab product. Administer Polivy, bendamustine, and rituximab products in any order on Day 1 of each cycle.</p> <p><b>*Note:</b> patients in excess of 77 kg will require a dose greater than one 140 mg vial. The <a href="#">Genentech Temporary POLIVY Vial Supplement Program</a> must be used if the second vial meets the eligibility criteria. This program will terminate once a 30 mg vial of POLIVY is available.</p>

#### VI. Billing Code/Availability Information

HCPCS code:

- J9999 – Not otherwise classified, antineoplastic drugs
- J9309 – Injection, polatuzumab vedotin-piiq 1 mg; 1 mg = 1 billable unit (*effective 1/1/2020*)

NDC:

- Polivy 140 mg lyophilized powder for injection, single-use vial: 50242-0105-xx

#### VII. References

1. Polivy [package insert]. South San Francisco, CA; Genentech, Inc; June 2019. Accessed June 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for polatuzumab vedotin. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2019.

#### Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes

ICD-10	ICD-10 Description
C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC