### Polivy (polatuzumab vedotin-piq)
**Effective 06/01/20**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth</td>
<td>☒ Prior Authorization</td>
<td>☐ Pharmacy Benefit</td>
<td>Specialty Medications</td>
</tr>
<tr>
<td>Commercial/Exchange</td>
<td>□ Quantity Limit</td>
<td>☒ Medical Benefit (NLX)</td>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Specialty Medications MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Commercial Phone: 800-294-5979 Fax: 888-836-0730</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Exchange Phone: 855-582-2022 Fax: 855-245-2134</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Specialty Medications (NLX) All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

### Exceptions
N/A

### Overview
Polatuzumab vedotin is an antibody drug conjugate (ADC) directed at CD79b which consists of 3 components: 1) a CD79b-specific humanized IgG1 antibody; 2) a microtubule-disrupting agent, monomethylauristatin E (MMAE); and 3) a protease cleavable linker (which covalently conjugates MMAE to the polatuzumab antibody). The conjugate binds to CD79b (B-cell specific cell surface protein commonly expressed in mature B cell lymphomas) and forms a complex which is internalized within the cell and releases MMAE. MMAE binds to the tubules and disrupts the cellular microtubule network, inducing cell cycle arrest (G2/M phase) and apoptosis.

### Coverage Guidelines
Authorization may be granted for members who are 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. The member is ≥ 18 years of age
2. The member has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)
3. Provider specialty is oncology and/or hematology or medication is being prescribed in consultation with an oncologist/hematologist
4. The member has had adverse reaction, inadequate response, or contraindication to two systemic therapies for DLBCL

### Continuation of Therapy
Reauthorization requires physician documentation of improvement of member’s condition.

---

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
Limitations
Authorizations will be approved for 12 months

References

Review History
01/23/2020 – Reviewed P&T Mtg (effective 6/1/20)

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.