Medical Drug Clinical Criteria

Subject:	Polivy (polatuzumab vedotin-piiq)		
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Overview

This document addresses the use of Polivy (polatuzumab vedotin-piiq). Polivy is a monoclonal antibody-drug conjugate (ADC) that consists of a humanized IgG1 antibody specific for CD79b and a small molecule, monomethyl auristatin E (MMAE), a microtubule-disrupting agent, and a protease cleavable linker. The anticancer activity is due to the binding of the ADC to CD79b-expressing cells, cleavage of MMAE component, and killing dividing cells by inhibiting cell division and inducing apoptosis. The target CD79b is a surface protein found exclusively on B-cells and Polivy is indicated to treat diffuse large B-cell lymphoma (DLBCL).

The FDA approved indications for Polivy include in combination with bendamustine and a rituximab product for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, after at least two prior therapies. Accelerated approval was based on positive results from a phase 2 trial comparing Polivy plus bendamustine and rituximab (BR) to BR alone. Patients included in this study were not eligible for autologous hematopoietic stem cell transplantation (HSCT). Polivy is also FDA approved for previously untreated diffuse large B-cell lymphoma, not otherwise specified or high-grade B-cell lymphoma in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for individuals who have an International Prognostic Index score of 2 or greater. The National Comprehensive Cancer Network® (NCCN) provides additional recommendations with a category 1 or 2A level of evidence for the use of Polivy. These include its use as first-line and second-line or subsequent therapy for other types of B-cell lymphomas such as HIV-related lymphomas and B-Cell Post-Transplant lymphoproliferative disorders. NCCN also recommends Polivy as a single agent or in combination with bendamustine or rituximab for relapsed/refractory B-cell lymphomas, or as a bridging option until a CAR T-cell product is available.

Definitions and Measures

Hematopoietic stem cells: Primitive cells capable of replication and formation into mature blood cells in order to repopulate the bone marrow.

Line of Therapy:

- First-line therapy: The first or primary treatment for the diagnosis, which may include surgery, chemotherapy, radiation therapy or a combination of these therapies.
- Second-line therapy: Treatment given when initial treatment (first-line therapy) is not effective or there is disease progression.
- Third-line therapy: Treatment given when both initial (first-line therapy) and subsequent treatment (second-line therapy) are not effective or there is disease progression.

Monoclonal antibody: A protein developed in the laboratory that can locate and bind to specific substances in the body and on the surface of cancer cells.

Non-Hodgkin Lymphoma (NHL): A group of malignant solid tumors or lymphoid tissues.

Refractory Disease: Illness or disease that does not respond to treatment.

Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Polivy (polatuzumab vedotin-piiq)

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

I. Individual has a diagnosis of relapsed or refractory (Label, NCCN 2A):
   A. Diffuse large B-cell lymphoma (DLBCL); **OR**
   B. High-grade B-cell lymphoma; **OR**
   C. Histologic transformation of indolent lymphomas to DLBCL; **OR**
   D. HIV-related B-cell lymphoma; **OR**
   E. Monomorphic post-transplant lymphoproliferative disorder (B-cell type);

AND

II. Individual is using as a single agent or in combination with bendamustine and/or a rituximab (including rituximab biosimilars) (Label, NCCN 2A); **AND**

III. Individual has received at least one prior lines of therapy (NCCN 2A);

OR

IV. Individual has a diagnosis of relapsed or refractory (NCCN 2A):
   A. Diffuse large B-cell lymphoma (DLBCL); **OR**
   B. High-grade B-cell lymphoma; **OR**
   C. HIV-related B-cell lymphoma; **OR**
   D. Monomorphic post-transplant lymphoproliferative disorder (B-cell type);

AND

V. Individual is using as a bridging option (typically 1 or more cycles as necessary) until CAR T-cell product is available (NCCN 2A);

OR

VI. Individual has a diagnosis of previously untreated (Label, NCCN 1/2A):
   A. Diffuse large B-cell lymphoma (DLBCL); **OR**
   B. High-grade B-cell lymphoma; **OR**
   C. Extracutaneous primary cutaneous DLBCL, leg type; **OR**
   D. Histologic transformation of indolent lymphomas to DLBCL; **OR**
   E. Monomorphic or Polymorphic post-transplant lymphoproliferative disorder (B-cell type);

AND

VII. Individual is using in combination with a rituximab product (including rituximab biosimilars), cyclophosphamide, doxorubicin, and prednisone (Pola-R-CHP); **AND**

VIII. Individual has international prognostic index for diffuse large B-cell Lymphoma (IPI) 2 or higher;

OR

IX. Individual has a diagnosis of monomorphic or polymorphic post-transplant lymphoproliferative disorder (B-cell type); **AND**

X. Individual is using as second-line therapy for partial response, persistent or progressive disease; **AND**

XI. Individual is using in combination with a rituximab product (including rituximab biosimilars), cyclophosphamide, doxorubicin, and prednisone (Pola-R-CHP); **AND**

XII. Individual has international prognostic index for diffuse large B-cell Lymphoma (IPI) 2 or higher;

OR

XIII. Individual has a diagnosis of (NCCN 2A):
   A. Relapsed or refractory Diffuse large B-cell lymphoma (DLBCL); **OR**
   B. Relapsed or refractory High-grade B-cell lymphoma; **OR**
   C. Relapsed or refractory HIV-related B-cell lymphoma; OR
   D. Relapsed or refractory Monomorphic post-transplant lymphoproliferative disorder (B-cell type);

AND

XIV. Individual is using as second-line and subsequent therapy; **AND**

XV. Individuals is using in combination with mosunetuzumab-axgb.

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

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9309	Injection, polatuzumab vedotin-piiq, 1 mg [Polivy]

ICD-10 Diagnosis

B20	Human Immunodeficiency Virus (HIV) disease [when specified as HIV-related B-cell lymphoma]
C82.00-C82.99	Follicular lymphoma
C83.30-C83.38	Diffuse large B-cell lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.80-C83.89	Other non-follicular lymphoma
C85.10-C85.19	Unspecified B-cell lymphoma
C85.20-C85.29	Mediastinal (thymic) large B-cell lymphoma
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

Document History

Revised: 05/16/2025
Document History:

- 05/16/2025 – Annual Review: Add uses for additional types of B-cell lymphomas per NCCN; reorganize criteria for clarification; add use as subsequent therapy in combination with mosunetuzumab; remove requirement to be ineligible for transplant per NCCN. Coding Reviewed: Removed ICD-10-CM C83.39. Added ICD-10-CM C83.398, C83.80-C83.89. Separated C85.10-C85.19 from C85.20-C85.29 and updated descriptions.
- 05/17/2024 – Annual Review: Add additional types of B-cell lymphoma per NCCN; add option for single agent use or combination with rituximab or bendamustine only per NCCN. Coding Reviewed: Added ICD-10-CM B20, D47.Z1.
- 11/17/2023 – Select Review: Remove duplicative criteria and clarify criteria for Pola-R-CHP regimen. Coding Reviewed: No changes.
- 08/18/2023 – Select Review: Reword POLA-R-CHP criteria. Coding Reviewed: No changes.
- 05/19/2023 – Annual Review: add DLBCL stage 2 mesenteric and FDA approval for untreated DLBCL. Coding Reviewed: No changes.
- 05/20/2022 – Annual Review: Clarify prior therapy requirement and add use as bridging therapy to CAR-T per NCCN. Coding Reviewed: No changes.
- 05/21/2021 – Annual Review: No changes. Coding Reviewed: No changes.
- 05/15/2020 – Annual Review: Clarify use in combination with rituximab to include biosimilar. Coding reviewed: No changes.
- 08/16/2019 – Annual Review: Add clinical criteria for new agent Polivy. Coding Reviewed: Added HCPCS codes J9999, C9399. All Diagnosis codes allowed. Coding change update: Delete J9999 and C9399 for Polivy. Add J9309 for Polivy effective 1/1/2020. Deleted All Diagnoses and added C82.00-C82.99, C83.30-C83.39, C85.10-C85.29.

References

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3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. 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.
5. Sehn LH, Herrera AF, Flowers CR, et al. Polatuzumab Vedotin in Relapsed or Refractory Diffuse Lage B-Cell Lymphoma. J Clin Oncol 2020; 38:155-165.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed April 10, 2025.
    a. B-cell Lymphomas. V2.2025. Revised February 10, 2025.