Reference number(s)
3101-A

STANDARD MEDICARE PART B MANAGEMENT

POLIVY (polatuzumab vedotin-piiq)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

1. 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.
2. Polivy in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) 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.

B. Compendial Uses

B-cell Lymphomas

1. High-grade B-cell lymphomas (HGBLs)
2. Monomorphic post-transplant lymphoproliferative disorders (B-cell type)
3. Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphomas (AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, AIDS-related plasmablastic lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma)
4. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
5. Follicular lymphoma
6. Diffuse large B-cell Lymphoma (DLBCL)

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Diffuse large B-cell lymphoma (DLBCL)

1. Authorization of 6 months may be granted for previously untreated intermediate-risk or high-risk DLBCL when all of the following criteria are met:
   i. The requested drug will be used in combination with chemotherapy.
   ii. Member will not receive more than 6 cycles of therapy.
2. Authorization of 6 months may be granted for subsequent treatment of DLBCL when all of the following criteria are met:

i. The requested drug is used as a single agent, or in combination with bendamustine with or without rituximab
ii. Member will not receive more than 6 cycles of therapy
iii. Member is not a candidate for transplant or the requested medication will be used as a bridging option until CAR T-cell product is available.

B. High-grade B-cell lymphomas (HGBLs)
Authorization of 6 months may be granted for treatment of high-grade B-cell lymphomas (HGBLs) (also referred to as "double-hit" or "triple-hit" lymphomas) when any of the following criteria are met:
1. The requested drug is used as subsequent treatment as a single agent, or in combination with bendamustine with or without rituximab for up to 6 cycles, and member is not a candidate for transplant or the requested medication will be used as a bridging option until CAR T-cell product is available.
2. The requested drug will be used as first line treatment in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for up to 6 cycles, and member has an International Prognostic Index score of 2 or greater.

C. Monomorphic post-transplant lymphoproliferative disorders (B-cell type)
Authorization of 6 months may be granted for subsequent treatment of post-transplant lymphoproliferative disorders when all the following criteria are met:
1. The requested drug is used as subsequent treatment as a single agent, or in combination with bendamustine with or without rituximab
2. Member will not receive more than 6 cycles of therapy.
3. Member is not a candidate for transplant or the requested medication will be used as a bridging option until CAR T-cell product is available.

D. Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphomas (AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, AIDS-related plasmablastic lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma)
Authorization of 6 months may be granted for subsequent treatment of AIDS-related B-cell lymphomas when all of the following criteria are met:
1. The requested drug is used as subsequent treatment as a single agent, or in combination with bendamustine with or without rituximab
2. Member will not receive more than 6 cycles of therapy
3. Member is not a candidate for transplant or the requested medication will be used as a bridging option until CAR T-cell product is available.

E. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL)
Authorization of 6 months may be granted for subsequent treatment of histologic transformation of nodal marginal zone lymphoma to diffuse large B-cell lymphoma when all of the following criteria are met:
1. The requested drug is used as subsequent treatment as a single agent, or in combination with bendamustine with or without rituximab
2. Member will not receive more than 6 cycles of therapy
3. Member is not a candidate for transplant.

F. Follicular lymphoma
Authorization of 6 months may be granted for subsequent treatment of follicular lymphoma when all the following criteria are met:
1. The requested drug is used as subsequent treatment as a single agent, or in combination with bendamustine with or without rituximab

2. Member will not receive more than 6 cycles of therapy.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization up to 6 months (6 cycles total) may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested drug.
B. The requested drug is being used to treat an indication enumerated in Section III.
C. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen AND
   ii. No evidence of disease progression while on the current regimen.
D. The member has received less than 6 cycles of the requested drug.

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Polivy.
2. The available compendium
   a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
   b. Micromedex DrugDex
   c. American Hospital Formulary Service- Drug Information (AHFS-DI)
   d. Lexi-Drugs
   e. Clinical Pharmacology
3. NCCN Guideline: B-cell lymphomas

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Polivy are covered in addition to the following:
1. High-grade B-cell lymphomas (HGBLs)
2. Monomorphic post-transplant lymphoproliferative disorders (B-cell type)
3. Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphomas (AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, AIDS-related plasmablastic lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma)
4. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
5. Follicular lymphoma
6. Diffuse large B-cell Lymphoma (DLBCL)

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Polivy to treat the compendial indications listed in section IV can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

VI. REFERENCES

1. Polivy [package insert]. South San Francisco, CA: Genentech, Inc.; April 2023.
2. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: B-Cell Lymphomas. Version 2.2022. https://www.nccn.org. Accessed April 48, 2022.
3. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed April 8, 2022.
4. Micromedex Solutions [database online]. Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: http://www.micromedexsolutions.com/. Accessed July 28, 2022.
5. Tilly H, Morschhauser F, Sehn LH, et al. Polatuzumab Vedotin in Previously Untreated Diffuse Large B-Cell Lymphoma. N Engl J Med. 2022;386:351-363. DOI: 10.1026/NEJMoa2115304.