Polatuzumab vedotin-piiq (POLIVY)
Criteria for Use
September 2024

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at *www.pbm.va.gov* or *http://vaww.pbm.va.gov* for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive polatuzumab.

- ☐ Absolute Neutrophil Count < 1000/µL, Platelet count < 75,000/µL (if no bone marrow involvement)
- ☐ Moderate or severe hepatic impairment [Total bilirubin > 1.5 times upper limit of normal (unless Gilbert's syndrome or liver involvement)]
- ☐ Creatinine clearance < 40 ml/min
- ☐ Baseline peripheral neuropathy ≥ Grade 2
- ☐ Chronic or unresolved infection
- ☐ Unmanageable drug-drug interaction
- ☐ Pregnancy
- ☐ Lactating

Inclusion Criteria

The answers to ALL of the following must be fulfilled in order to meet criteria.

- ☐ Care is provided by a VA/VA Community Care oncology or hematology provider
- ☐ Eastern Cooperative Oncology Group (ECOG) performance status 0-2
- ☐ Goals of care and role of Palliative Care consult have been discussed and documented

Additional Inclusion Criteria

One of the following must be fulfilled to meet criteria.

- ☐ In combination with rituximab, cyclophosphamide, doxorubicin and prednisone (R-CHP) for previously untreated diffuse large B-cell lymphoma with International Prognostic Index score 2-5 ^1
- ☐ In combination with bendamustine and rituximab (BR) for relapsed or refractory, diffuse large B-cell lymphoma previously treated with ≥ 2 prior lines of therapy

1. Patients with GCB-cell-like subtype, bulky disease and lower IPI score showed no benefit with pola-R-CHP in 1L setting

Additional Inclusion Criteria *Select if applicable*

- ☐ For patients who can become pregnant and patients with partners who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy and for 5 months after stopping treatment.

Prepared: September 2024 Contact: Berni Heron, Pharm.D., BCOP, National Clinical Pharmacy Program Manager, VA Pharmacy Benefits Management Services