

Polivy® (Polatuzumab Vedotin-piiq) Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug Information

Physician billing (HCPCS code: _____) Start Date (or date of next dose): _____

Dose: _____ Dosing Regimen: _____

Billing Provider Information

Provider NPI: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria**For Initial Authorization:**

1. Please indicate the diagnosis and information:

 Diffuse Large B-Cell Lymphoma (DLBCL)

A. Is the diagnosis previously untreated DLBCL not otherwise specified or high-grade B-cell lymphoma? Yes _____ No _____

i. If yes, does the member have an International Prognostic Index score of ≥ 2 ?

Yes _____ No _____

ii. Will polatuzumab vedotin be used in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (R-CHP)? Yes _____ No _____

B. Is the diagnosis relapsed/refractory DLBCL not otherwise specified or high-grade B-cell lymphoma? Yes _____ No _____

i. Is member a candidate for transplant, or does member have the intention to proceed to hematopoietic stem cell transplant? Yes _____ No _____

 If diagnosis is not listed above, please indicate diagnosis: _____**For Continued Authorization:**

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on polatuzumab vedotin?

Yes _____ No _____

3. Has the member experienced adverse drug reactions related to polatuzumab vedotin therapy?

Yes _____ No _____

If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays.PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization UnitFax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4CONFIDENTIALITY NOTICE

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