



State of Oklahoma
 SoonerCare
Polivy™ (Polatuzumab Vedotin-piiq)
Prior Authorization Form

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

Drug Information

Physician billing (HPCS code: _____) Start Date (or date of next dose): _____
 Dose: _____ 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. Is diagnosis relapsed or refractory diffuse large B-cell lymphoma (DLBCL) or high grade B-cell lymphoma? Yes ___ No ___
2. Has member had at least 2 prior therapies? Yes ___ No ___
3. Will polatuzumab vedotin be used in combination with bendamustine and rituximab?
Yes ___ No ___
4. Is member a candidate for transplant? Yes ___ No ___
5. If diagnosis is NOT relapsed or refractory DLBCL or high grade B-cell lymphoma after at least 2 prior therapies, please indicate diagnosis: _____

Additional Information: _____

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?
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.
 Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

<p>PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:</p> <p>University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit</p> <p>Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4</p>	<p><u>CONFIDENTIALITY NOTICE</u></p> <p><i>This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.</i></p>
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