

Clinical Oversight Review Board (CORB) Criteria for Prescribing Polatumab vedotin-piiq (Polivy)

Non-Formulary **polatumab vedotin-piiq (Polivy)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **polatumab vedotin-piiq (Polivy)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)
- Patient received at least 2 prior lines of therapy for DLBCL
- Patient is not eligible for bone marrow transplantation