



## Polivy

### Prior Authorization Request

Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form along with supporting clinical documentation to Priority Partners, toll-free at 1-866-212-4756 to initiate the review process.** If you have questions regarding the prior authorization please contact Priority Partners at 888-819-1043 Option 4.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient's ID: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Physician Office Telephone: \_\_\_\_\_ Physician Office Fax: \_\_\_\_\_

**Referring Provider Info:**  Same as Requesting Provider

Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**Rendering Provider Info:**  Same as Referring Provider  Same as Requesting Provider

Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

**Required Demographic Information:**

Patient Weight: \_\_\_\_\_ kg  
Patient Height: \_\_\_\_\_ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical       Home       Off Campus Outpatient Hospital  
 On Campus Outpatient Hospital       Office       Pharmacy

**Drug Information:**

Strength/Measure \_\_\_\_\_ Units  ml  Gm  mg  ea  Un  
Directions(sig) \_\_\_\_\_ Route of administration \_\_\_\_\_  
Dosing frequency \_\_\_\_\_

**Send completed form to: Priority Partners Fax: 1-866-212-4756**

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**Clinical Criteria Questions:**

What is the ICD-10 code? \_\_\_\_\_

1. What is the diagnosis?

- Diffuse large B-cell lymphoma (DLBCL), *Continue to 2*
- High-grade B-cell lymphomas (HGBLs) (also referred to as "double-hit" or "triple-hit" lymphomas), *Continue to 2*
- Monomorphic post-transplant lymphoproliferative disorders (B-cell type), *Continue to 2*
- 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), *Continue to 2*
- Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL), *Continue to 2*
- Follicular lymphoma, *Continue to 2*
- Other, please specify. \_\_\_\_\_ *Continue to 2*

2. Is the patient currently receiving treatment with the requested drug?

- Yes, *Continue to 3*
- No, *Continue to 5*

3. How many cycles of the requested drug has the patient received in a lifetime?

please indicate number of cycles: \_\_\_\_\_ cycles, *Continue to 4*

4. Is there evidence of unacceptable toxicity or disease progression while on the current regimen?

- Yes, *No Further Questions*
- No, *No Further Questions*

5. What is the diagnosis?

- Diffuse large B-cell lymphoma (DLBCL), *Continue to 6*
- High-grade B-cell lymphomas (HGBLs) (also referred to as "double-hit" or "triple-hit" lymphomas), *Continue to 14*
- Monomorphic post-transplant lymphoproliferative disorders (B-cell type), *Continue to 22*
- 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), *Continue to 22*
- Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL), *Continue to 27*
- Follicular lymphoma, *Continue to 31*

6. Will the requested drug be used for previously untreated intermediate-risk or high-risk diffuse large B-cell lymphoma (DLBCL)?

- Yes, *Continue to 7*
- No, *Continue to 9*

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7. Will the requested drug be used in combination with chemotherapy?

- Yes, *Continue to 8*
- No, *Continue to 8*

8. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *No Further Questions*
- 6 or less, *No Further Questions*

9. What is the regimen request?

- The requested drug will be used as a single agent, *Continue to 10*
- The requested drug will be used in combination with bendamustine, *Continue to 10*
- The requested drug will be used in combination with bendamustine and rituximab, *Continue to 10*
- Other, please specify. \_\_\_\_\_, *Continue to 10*

10. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 11*
- Subsequent treatment, *Continue to 11*

11. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *Continue to 12*
- 6 or less, *Continue to 12*

12. Will the requested medication be used as a bridging option until CAR T-cell product is available?

- Yes, *No Further Questions*
- No, *Continue to 13*

13. Is the patient a candidate for transplant?

- Yes, *No Further Questions*
- No, *No Further Questions*

14. What is the regimen request?

- The requested drug will be used as a single agent, *Continue to 15*
- The requested drug will be used in combination with bendamustine, *Continue to 15*
- The requested drug will be used in combination with bendamustine and rituximab, *Continue to 15*
- The requested drug will be used in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP), *Continue to 19*
- Other, please specify. \_\_\_\_\_, *No Further Questions*

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15. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 16*
- Subsequent treatment, *Continue to 16*

16. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *Continue to 17*
- 6 or less, *Continue to 17*

17. Will the requested medication be used as a bridging option until CAR T-cell product is available?

- Yes, *No Further Questions*
- No, *Continue to 18*

18. Is the patient a candidate for transplant?

- Yes, *No Further Questions*
- No, *No Further Questions*

19. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 20*
- Subsequent treatment, *Continue to 20*

20. What is the International Prognostic Index score?

- 0-1, *Continue to 21*
- 2 or greater, *Continue to 21*

21. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *No Further Questions*
- 6 or less, *No Further Questions*

22. What is the regimen request?

- The requested drug will be used in combination with bendamustine, *Continue to 23*
- The requested drug will be used as a single agent, *Continue to 23*
- The requested drug will be used in combination with bendamustine and rituximab, *Continue to 23*
- Other, please specify. \_\_\_\_\_, *Continue to 23*

23. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *Continue to 24*
- Less than 6, *Continue to 24*

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24. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 25*
- Subsequent treatment, *Continue to 25*

25. Will the requested medication be used as a bridging option until CAR T-cell product is available?

- Yes, *No Further Questions*
- No, *Continue to 26*

26. Is the patient a candidate for transplant?

- Yes, *No Further Questions*
- No, *No Further Questions*

27. What is the regimen request?

- The requested drug will be used in combination with bendamustine, *Continue to 28*
- The requested drug will be used as a single agent, *Continue to 28*
- The requested drug will be used in combination with bendamustine and rituximab, *Continue to 28*
- Other, please specify. \_\_\_\_\_, *Continue to 28*

28. How many cycles of chemotherapy containing the requested drug are planned?

- More than 6, *Continue to 29*
- Less than 6, *Continue to 29*

29. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 30*
- Subsequent treatment, *Continue to 30*

30. Is the patient a candidate for transplant?

- Yes, *No Further Questions*
- No, *No Further Questions*

31. What is the regimen request?

- The requested drug will be used in combination with bendamustine, *Continue to 32*
- The requested drug will be used as a single agent, *Continue to 32*
- The requested drug will be used in combination with bendamustine and rituximab, *Continue to 32*
- Other, please specify. \_\_\_\_\_, *Continue to 32*

32. What is the place in therapy the requested drug will be used?

- First-line treatment, *Continue to 33*
- Subsequent treatment, *Continue to 33*

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33. How many cycles of chemotherapy containing the requested drug are planned?

More than 6, *No Further Questions*

Less than 6, *No Further Questions*

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X**

\_\_\_\_\_  
**Prescriber or Authorized Signature**

\_\_\_\_\_  
**Date (mm/dd/yy)**

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