

# Sample Coding and Distribution Information for POLIVY

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## Indication Statement

POLIVY in combination with bendamustine and a rituximab product is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, after at least 2 prior therapies.

Accelerated approval was granted for this indication based on complete response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

## Select Important Safety Information

Serious and sometimes fatal adverse reactions can occur with POLIVY treatment. Peripheral neuropathy, infusion-related reactions, myelosuppression, serious and opportunistic infections, progressive multifocal leukoencephalopathy (PML), tumor lysis syndrome, hepatotoxicity, and embryo-fetal toxicity can occur with POLIVY treatment.

Please see page 7 and full Prescribing information for additional important safety information.

# Sample Diagnosis Codes for POLIVY

This coding information may assist you as you complete the payer forms for POLIVY.

## Codes for your reference

ICD-10-CM Codes	
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites



If your patient's health insurance plan has issued a denial, your BioOncology Field Reimbursement Manager (BFRM) or POLIVY Access Solutions Specialist can provide resources as you prepare an appeal submission, as per your patient's plan requirements. Considerations for composing an appeal letter and a sample appeal letter are available at [Genentech-Access.com/POLIVY](https://www.genentech.com/POLIVY).

Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.

# Additional Codes for POLIVY

The Centers for Medicare & Medicaid Services (CMS) has not yet assigned a product-specific HCPCS code, or J-code, for POLIVY. In the absence of a product-specific code, payers generally require use of a miscellaneous code when submitting claims. Check with individual payers for specific requirements.

## Codes for your reference

HCPCS Codes		
J3590	Unclassified biologics	
J3490	Unclassified drugs	
J9999	Not otherwise classified, antineoplastic drugs	
NDCs		
10-digit	50242-105-01	Single-dose 20 mL vial that delivers 140 mg after reconstitution
11-digit	50242-0105-01	
CPT Codes		
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	
Billable Units		
For miscellaneous HCPCS codes, 1 billable unit is generally equal to 1 dose. Payers might have different preferences for billing for POLIVY. Check with your local payers for specific billing unit information.		

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Many payers will not accept diagnostic codes that cite unspecified locations of disease. If you use an unspecified code, please check with your payer.

CPT=Current Procedural Terminology.

HCPCS=Healthcare Common Procedure Coding System.

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

NDC=National Drug Code.

# Authorized Distributors for POLIVY

POLIVY is available through a specific network of authorized specialty distributors.

Name	Phone	Fax	Website
<b>Hospital</b>			
ASD Healthcare (a Division of AmerisourceBergen Specialty Group)	(800) 746-6273	(800) 547-9413	www.asdhealthcare.com
BioSolutions Direct (a Division of AmerisourceBergen Specialty Group)	(866) 860-3565	(888) 899-0063	www.biosolutionsdirect.com
Cardinal Health Specialty Distribution	(800) 926-3161	(888) 345-4916	specialtyonline.cardinalhealth.com
CuraScript SD	(877) 599-7748	(800) 862-6208	www.curascriptsd.com
McKesson Plasma and Biologics (MPB)	(877) 625-2566	(888) 752-7626	connect.mckesson.com
Morris & Dickson Specialty Distribution	(800) 710-6100	(318) 524-3096	www.mdspecialtydist.com
<b>Federal Accounts</b>			
ASD Healthcare (a Division of AmerisourceBergen Specialty Group)	(800) 746-6273	(800) 547-9413	www.asdhealthcare.com
Cardinal Health Specialty Distribution	(800) 926-3161 (502) 907-3600 (KY) (501) 707-2800 (AR)	N/A	www.cardinal.com
Dakota Drug	(866) 210-5887	(763) 421-0661	www.dakdrug.com/ddos/
DMS Pharmaceutical	(877) 788-1100	(847) 518-1105	dmspharma.com/store.htm
McKesson Plasma and Biologics (MPB)	(877) 625-2566	(888) 752-7626	connect.mckesson.com

Name	Phone	Fax	Website
<b>Physician Offices and Federally Qualified Health Centers</b>			
ASD Healthcare (a Division of AmerisourceBergen Specialty Group)	(800) 746-6273	(800) 547-9413	www.asdhealthcare.com
Besse Medical	(800) 543-2111	(800) 543-8695	www.besse.com
BioSolutions Direct (a Division of AmerisourceBergen Specialty Group)	(866) 860-3565	(888) 899-0063	www.biosolutionsdirect.com
Cardinal Health Specialty Distribution	(877) 453-3972	(614) 652-7043	specialtyonline.cardinalhealth.com
CuraScript SD	(877) 599-7748	(800) 862-6208	www.curascriptsd.com
McKesson Specialty Health	(855) 477-9700	(800) 289-9285	mscs.mckesson.com
Oncology Supply	(800) 633-7555	(800) 248-8205	www.oncologysupply.com

Genentech does not influence or advocate the use of any one specialty distributor. We make no representation or guarantee of service or coverage of any item.

# Authorized Distributors for POLIVY

Name	Phone	Fax	Website
<b>Distributors for Authorized Specialty Pharmacies</b>			
ASD Healthcare (a Division of AmerisourceBergen Specialty Group)	(800) 746-6273	(800) 547-9413	www.asdhealthcare.com
Besse Medical	(800) 543-2111	(800) 543-8695	www.besse.com
BioSolutions Direct (a Division of AmerisourceBergen Specialty Group)	(866) 860-3565	(888) 899-0063	www.biosolutionsdirect.com
Cardinal Health Specialty Distribution	(877) 453-3972	(614) 652-7043	specialtyonline.cardinalhealth.com
CuraScript SD	(877) 599-7748	(800) 862-6208	www.curascriptsd.com
McKesson Plasma and Biologics (MPB)	(877) 625-2566	(888) 752-7626	connect.mckesson.com
<b>Distributors for Puerto Rico</b>			
Cardinal Health Puerto Rico	(800) 981-4699 (787) 625-4200	(787) 625-4398	N/A
Cesar Castillo	(787) 999-1616	(787) 720-1095	www.cesarcastillo.net

If you have any distribution-related questions, please contact your representative or call the **Genentech Customer Service Department** at **(800) 551-2231**, 6 a.m.–5 p.m. PT, Monday through Friday.

Genentech does not influence or advocate the use of any one specialty distributor. We make no representation or guarantee of service or coverage of any item.

## Important Safety Information

### Warnings and Precautions

**Peripheral Neuropathy:** Monitor patients for peripheral neuropathy and modify or discontinue dose accordingly.

**Infusion-Related Reactions:** Premedicate with an antihistamine and an antipyretic. Monitor patients closely during infusions. Interrupt or discontinue infusion if reactions occur.

**Myelosuppression:** Monitor complete blood counts. Manage using dose delays or reductions and growth factor support. Monitor for signs of infection.

**Serious and Opportunistic Infections:** Closely monitor patients for signs of bacterial, fungal, or viral infections.

**Progressive Multifocal Leukoencephalopathy (PML):** Monitor patients for new or worsening neurological, cognitive, or behavioral changes suggestive of PML.

**Tumor Lysis Syndrome:** Closely monitor patients with high tumor burden or rapidly proliferating tumors.

**Hepatotoxicity:** Monitor liver enzymes and bilirubin.

**Embryo-Fetal Toxicity:** Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 3 months after the last dose.

### The Most Common Adverse Reactions

The most common adverse reactions (≥20%) included neutropenia, thrombocytopenia, anemia, peripheral neuropathy, fatigue, diarrhea, nausea, pyrexia, decreased appetite, abdominal pain, and pneumonia.

You may report side effects to the FDA at (800) FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch). You may also report side effects to Genentech at (888) 835-2555.

Please see the accompanying full Prescribing Information for additional Important Safety Information.

## For More Information:



**Call** (888) 249-4918



**Visit** [Genentech-Access.com/POLIVY](https://www.genentech-access.com/POLIVY)



**Contact** your BioOncology Field Reimbursement Manager (BFRM)



Visit [Genentech-Access.com/POLIVY](https://www.genentech-access.com/POLIVY) regularly for the most updated list of distributors and sample codes.

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