

Epkinly (epcoritamab-bysp)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671	
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029	
Exceptions	N/A			

Overview

Epkinly (epcoritamab-bysp) is a T-cell engaging bispecific antibody indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma after two or more lines of systemic therapy. It is also indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met:

Diffuse large B-cell lymphoma (DLBCL)

- Diagnosis of **ONE** of the following:
 - Relapsed or refractory DLBCL, not otherwise specified
 - Relapsed or refractory DLBCL arising from indolent lymphoma
 - Relapsed or refractory DLBCL arising from high-grade B-cell lymphoma
- Member is ≥ 18 years of age
- Prescriber is an oncologist or hematologist
- Appropriate dosing
- Inadequate response or adverse reaction to **TWO** lines of systemic therapies including at least one anti-CD20 monoclonal antibody (see appendix for appropriate prior therapy)

Follicular lymphoma (FL) after one or more lines of systemic therapy

- Diagnosis of relapsed or refractory follicular lymphoma (FL)
- Prescriber is a hematologist or oncologist
- Appropriate dosing
- Member is ≥ 18 years of age on treatment date
- Inadequate response or adverse reaction to **ONE** prior line of systemic therapy

7. Requested agent will be used in combination with **BOTH** of the following:
 - a. lenalidomide
 - b. rituximab

Follicular lymphoma after two or more lines of therapy

1. Diagnosis of relapsed or refractory follicular lymphoma (FL)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age on treatment date
5. Inadequate response or adverse reaction to **TWO** lines of systemic therapies including at least one anti-CD20 monoclonal antibody
6. Requested agent will be used as monotherapy

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

References

1. Epkinly® [package insert]. Plainsboro (NJ): Genmab US, Inc.; 2023 May.

Review History

2/14/24 – Created for P&T. Aligned with MH MB criteria. Effective 3/4/24

01/2025 – Reviewed and updated for P&T. Added expanded indication of relapsed or refractory follicular lymphoma (FL). For DLBCL, a step through with Columvi was added. For FL, a step through with Lunsumio was added. Effective 2/18/25

9/10/25 – Reviewed and updated for P&T. Step-through trials with Columvi (DLBCL) and Lunsumio (FL) were removed. Effective 10/1/25

06/10/26 – Reviewed and updated for P&T. Added Epkinly (epcoritamab-bysp) in combination with lenalidomide and rituximab for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL). Effective 7/15/26

09/09/26 – Reviewed and updated for P&T. Updated formatting and language. Effective 10/01/26

