

Lynozyfic (linvoseltamab-gcpt)
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 Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Lynozyfic (linvoseltamab-gcpt) is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. Because of the risks of cytokine release syndrome (CRS) and neurologic toxicity, Lynozyfic is available only through a restricted program under REMS, called the Lynozyfic REMS.

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 when all of the following criteria are met:

1. Diagnosis of relapsed/refractory multiple myeloma (RRMM)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age on treatment date (defined as time of initial administration of agents)
5. Inadequate response or adverse reaction to FOUR lines of systemic therapies or contraindication to ALL other lines of systemic therapies
6. Inadequate response or adverse reaction to ONE agent from each class or contraindication to ALL of the following classes:
 - a. Anti-CD28 monoclonal antibody (e.g., Darzalex (daratumumab), Darzalex Faspro (daratumumabhyaluronidase-fihj), and Sarclisa (isatuximab-irfc))
 - b. Immunomodulatory agent (e.g., Pomalyst (pomalidomide), Revlimid (lenalidomide) and Thalomid (thalidomide))
 - c. Proteasome inhibitor (e.g., bortezomib, Velcade (bortezomib), Kyprolis (carfilzomib), and Ninlaro (ixazomib))
7. Administration will take place in a healthcare facility that has been certified pursuant to the REMS program specific to the treatment being provided

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 6 months

References

1. Lynozyfic® [package insert]. Tarrytown (NY): Regeneron Pharmaceuticals, Inc.; Jul 2025

Review History

2/2026 – Created for P&T. New criteria for Lynozyfic which will be managed under MB. Effective 3/2/26

09/10/26 – Reviewed and updated for P&T. Updated formatting. Updated the Overview section to include the indicated REMS program. Effective 10/1/26

