

**Epkinly (epcoritamab-bysp)**  
**Effective 03/04/2024**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	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.

**Coverage Guidelines**

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

1. Diagnosis of **ONE** of the following:
  - a. Relapsed or refractory DLBCL, not otherwise specified
  - b. Relapsed or refractory DLBCL arising from indolent lymphoma
  - c. Relapsed or refractory DLBCL arising from high-grade B-cell lymphoma
2. Member is  $\geq 18$  years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. Member has received at least TWO lines of systemic therapies (including at least one anti-CD20 monoclonal antibody) (see appendix for appropriate prior therapy)

**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.

**Appendix**

**Treatments for DLBCL**

According to the NCCN guidelines, the following drugs are part of treatment regimens that may be used for the treatment of DLBCL. Please note that this is not an all-inclusive list. If the request includes a multi-agent

chemotherapy regimen not listed here and there is evidence that it is used in DLBCL treatment, then that can be counted towards one systemic therapy trial.

- Axicabtagene ciloleucel
- Brentuximab vedotin
- CEPP (cyclophosphamide, etoposide, prednisone, procarbazine) ± rituximab
- CEOP (cyclophosphamide, etoposide, vincristine, prednisone) ± rituximab
- DA-EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- DHA (dexamethasone, cytarabine) ± platinum (carboplatin, cisplatin, or oxaliplatin) ± rituximab
- DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab
- DHAX (dexamethasone, cytarabine, oxaliplatin) ± rituximab
- EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin) ± rituximab
- GDP (gemcitabine, dexamethasone, cisplatin) ± rituximab or (gemcitabine, dexamethasone, carboplatin) ± rituximab
- GemOx (gemcitabine, oxaliplatin) ± rituximab
- Ibrutinib
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Lenalidomide ± rituximab
- Lisocabtagene maraleucel
- Loncastuximab tesirine-lpyl
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- Pola-R-CHP (polatuzumab vedotin-piiq, rituximab, cyclophosphamide, doxorubicin, prednisone)
- RCDOP (rituximab, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone)
- RCEOP (rituximab, cyclophosphamide, etoposide, vincristine, prednisone)
- RCEPP (rituximab, cyclophosphamide, etoposide, prednisone, procarbazine)
- RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)
- RGCVP (rituximab, gemcitabine, cyclophosphamide, vincristine, prednisolone)
- Rituximab
- Selinexor
- Tisagenlecleucel

## 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

