

Epkinly (epcoritamab-bysp)
Effective 10/01/25

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
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

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

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication 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)

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)

Follicular lymphoma (FL)

1. Diagnosis of relapsed or refractory follicular lymphoma (FL)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Member is \geq 18 years of age on treatment date
6. 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)

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

