Reference number(s)
6003-A

STANDARD MEDICARE PART B MANAGEMENT

EPKINLY (epcoritamab- bysp)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Epkinly is 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 (HGBL), after two or more lines of systemic therapy.

B. Compendial Uses

B-Cell Lymphomas:

1. Diffuse Large B-Cell Lymphomas
2. High Grade B-Cell Lymphomas
3. Histologic Transformation of Indolent Lymphomas to Diffuse Large B-Cell Lymphoma
4. Human Immunodeficiency Virus (HIV)- Related B-Cell Lymphomas
   a. HIV-related diffuse large B-cell lymphoma
   b. Primary effusion lymphoma
   c. Human Herpes Virus Type 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specified
5. Monomorphic Post-Transplant Lymphoproliferative Disorders

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

B-Cell Lymphomas

Authorization of 12 months may be granted for treatment of B-cell lymphoma after at least 2 prior lines of systemic therapy when the member has partial response, no response, progressive, relapsed or refractory disease with any of the following subtypes:

A. Diffuse Large B-Cell Lymphoma (DLBCL)
B. High Grade B- Cell Lymphoma
C. Histologic Transformation of Indolent Lymphoma to DLBCL
D. HIV-Related B- Cell Lymphoma including HIV-related DLBCL, primary effusion lymphoma, and HHV8-positive DLBCL, not otherwise specified when the requested medication is used as a single agent

E. Monomorphic Post-Transplant Lymphoproliferative Disorder when the requested medication is used as a single agent

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
1. The member is currently receiving therapy with the requested medication
2. The requested medication is being used to treat an indication enumerated in Section II
3. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen AND
   ii. No evidence of disease progression while on the current regimen

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Epkinly.
2. The available compendium
   a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
   b. Micromedex DrugDex
   c. American Hospital Formulary Service- Drug Information (AHFS-DI)
   d. Lexi-Drugs
   e. Clinical Pharmacology
3. NCCN Guideline: B-cell lymphomas

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Epkinly are covered in addition to the following:
1. Diffuse Large B-Cell Lymphomas
2. High-grade B-Cell Lymphomas
3. Histologic Transformation of Indolent Lymphomas to Diffuse Large B-Cell Lymphoma
4. Human Immunodeficiency Virus (HIV)- Related B-Cell Lymphomas
   a. HIV-related diffuse large B-cell lymphoma
   b. Primary effusion lymphoma
   c. Human Herpes Virus Type 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specified
5. Monomorphic Post-Transplant Lymphoproliferative Disorders

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Epkinly to treat HIV-related B-cell lymphomas, and monomorphic post-transplant lymphoproliferative disorders can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer

chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Epkinly to treat partial response, no response, or progressive diffuse large B-cell lymphoma, high-grade B-cell lymphoma, and histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma in addition to the FDA-approved indications can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

VI. REFERENCES

1. Epkinly [package insert]. Plainsboro, NJ: Genmab US, Inc.; May 2023.
2. The NCCN Drugs & Biologics Compendium® © 2023 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed June 5, 2023.