Clinical Oversight Review Board (CORB) Criteria for Prescribing for Coverage

Epcoritamab - bysp (Epkinly)

Notes:

 * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary **epcoritamab- bysp (Epkinly)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria:</u> Non-Formulary **epcoritamab -bysp (Epkinly)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by oncologist/Hematologist
- Patient is at least 18 years of age
- Patient has a diagnosis of either relapsed or refractory diffuse large B-cell lymphoma (DLBCL) -AND- have failed and adequate trial of glofitamab and two systemic lines of chemotherapy

 OR
- Relapsed/refractory follicular lymphoma (FL) AND- have failed and adequate trial of mosunetuzumab and two lines of systemic chemotherapy

<u>Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously</u>: Non-Formulary epcoritamab -bysp (Epkinly) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by oncologist/Hematologist
- Patient is at least 18 years of age
- Patient has a diagnosis of either relapsed or refractory diffuse large B-cell lymphoma (DLBCL) -AND- have failed and adequate trial of glofitamab and two systemic lines of chemotherapy
 - -OR-
- Relapsed/refractory follicular lymphoma (FL) AND- have failed and adequate trial of mosunetuzumab and two lines of systemic chemotherapy

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-Formulary epcoritamab –
bysp (Epkinly) will be covered on the prescription drug benefit when the following criteria
are met:

Prescribed by oncologist/Hematologist

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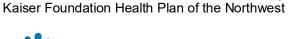
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