Medical Policy

Utilization Management and Clinical Medical Policy

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Linvoseltamab-gcpt (Lynozyfic™)	**MP-RX-FP-178-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**10/10/2025**	**10/21/2026**
			Last Review Date: **10/21/2026**	**Frequently Revision:** **Annual**

Service Category:

- ☐ Anesthesia
- ☐ Surgery
- ☐ Radiology Procedures
- ☐ Pathology and Laboratory Procedures
- ☐ Medicine Services and Procedures
- ☐ Evaluation and Management Services
- ☐ DME/Prosthetics or Supplies
- ☒ Other: Part B Drugs

Service Description:

This document addresses the use of Linvoseltamab-gcpt (Lynozyfic™), a drug approved by the Food and Drug Administration (FDA) 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.

Background Information:

Linvoseltamab-gcpt (Lynozyfic) is a bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager 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. This indication is approved under accelerated approval based on response rate and durability of response, with continued approval contingent upon confirmatory trials verifying clinical benefit. The NCCN Drugs and Biologics Compendium give a Category 2A recommendation for this indication.

Mechanistically, linvoseltamab-gcpt binds to CD3 on T-cells and BCMA on multiple myeloma cells, leading to T-cell activation, cytokine release, and lysis of myeloma cells. In vitro and animal models have demonstrated anti-tumor activity.

The pivotal clinical study (LINKER-MM1) enrolled patients with a median of 5 prior lines of therapy; 79% were triple-class refractory. Efficacy was measured by objective response rate (ORR) per IMWG criteria, with a median time to first response of 0.95 months. The objective response rate (ORR) was 70% (95% CI: 59, 80), with complete response or better in 45% of patients. Among responders, the estimated duration of response was 89% at 9 months and 72% at 12 months (median follow-up 11.3 months).

The recommended dosing involves step-up intravenous infusions (5 mg on Day 1, 25 mg on Day 8, 200 mg on Day 15), followed by weekly dosing for 10 doses, then biweekly or every 4 weeks based on response. Hospitalization is required after the first two step-up doses due to the risk of cytokine release syndrome (CRS).

The Lynozyfic label includes a Boxed Warning for cytokine release syndrome (CRS) and neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS). As a result of these risks, Lynozyfic is only available through the Lynozyfic Risk Evaluation and Mitigation Strategy (REMS).

Definitions and measures

- ECOG or Eastern Cooperative Oncology Group Performance Status: A scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:
    - 0 = Fully active, able to carry on all pre-disease performance without restriction

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- 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light housework, office work
- 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
- 5 = Dead

- Multiple myeloma: A type of cancer that begins in plasma cells (white blood cells that produce antibodies).
- Refractory Disease: Illness or disease that does not respond to treatment.
- Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.

Approved Indications

A. 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.

Other Uses

A. None.

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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Linvoseltamab-gcpt (Lynozyfic™)

A. Criteria For Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

i. Individual has a diagnosis of relapsed or refractory multiple myeloma (Label); **AND**
ii. Individual has received at least four prior therapies, including an anti-CD38 monoclonal antibody (e.g. daratumumab), a proteasome inhibitor (e.g. bortezomib, ixazomib, or carfilzomib), and an immunomodulatory agent (e.g. lenalidomide or pomalidomide); **AND**
iii. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status of 0-1; **AND**
iv. No prior treatment with any B-cell maturation antigen (BCMA) targeted therapy.

B. Criteria For Continuation of Therapy

i. MMM considers continuation of Linvoseltamab-gcpt (Lynozyfic) therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of unacceptable toxicity or disease progression while on the current regimen, and the recommended duration of therapy has not been exceeded. The following information should be submitted for reauthorization:
   A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
   B. Current imaging studies and other objective measures, as appropriate, showing no progression of disease when compared with previous results.

C. Authorization Duration

i. Initial Approval Duration: Up to 6 months
ii. Reauthorization Approval Duration: Up to 6 months

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

i. Requests for Lynozyfic (linvoseltamab-gcpt) when the above criteria are not met and for all other indications.

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Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Lynozyfic™ (linvoseltamab-gcpt) injection
5 mg/2.5 mL vial; 200 mg/10 mL vial

Dosing Schedule	Day[a]/Week	LYNOZYFIC Dose		Duration of Infusion
Step-up Dosing Schedule	Day 1	Step-up dose 1	5 mg	4 hours
	Day 8	Step-up dose 2	25 mg	
	Day 15	First treatment dose	200 mg	
Weekly Dosing Schedule	One week after Day 15 treatment dose and once weekly from Week 4 to Week 13 for 10 treatment doses	Second and subsequent treatment doses	200 mg	1 hour for the second treatment dose, and 30 minutes for subsequent doses[b]
Biweekly (Every 2 Weeks) Dosing Schedule	Week 14 and every 2 weeks thereafter	Subsequent treatment doses	200 mg	30 minutes
Patients who have achieved and maintained VGPR or better at or after Week 24 and received at least 17 doses of 200 mg				
Every 4 Weeks Dosing Schedule	At Week 24 or after and every 4 weeks thereafter	Subsequent treatment doses	200 mg	30 minutes
Exceptions				
[a] Weekly doses should be at least 5 days apart. Biweekly doses should be at least 10 days apart. Every 4-week doses should be at least 24 days apart. [b] For patients who experienced CRS with the previous dose of LYNOZYFIC, the duration of infusion should be maintained at the duration of the previous infusion; reduce the duration of infusion sequentially in subsequent doses in patients who do not experience CRS (e.g., 4 hours, 1 hour, then 30 minutes).				

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Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z92.22	Personal history of monoclonal drug therapy
Z92.25	Personal history of immunosuppression therapy

HCPCS Codes:

Codes	Description
J9601	Injection, linvoseltamab-gcpt, 1 mg

Lynozyfic is billed in 1-mg units, per its HCPCS code. Five units are billed for the 5-mg dose; 200 units are billed for the full 200-mg dose.

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Reference Information:

1. DRUGS@FDA: FDA-approved drugs FDA. Available at: https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=BasicSearch.process. Accessed August 14, 2025.
2. DailyMed - lynozyfic- linvoseltamab-GCPT injection, solution, concentrate (no date) U.S. National Library of Medicine. Available at: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e9fd0739-1b3f-4b8b-824a-1f0a902384d3. August 14, 2025.
3. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on July 22, 2026.
    a. Multiple Myeloma V5.2026. Revised January 9, 2026.
4. Regeneron Pharmaceuticals, Inc. LYNOZYFIC™ (linvoseltamab-gcpt) injection, for intravenous use: Prescribing Information. Revised July 2025. Accessed July 22, 2026. https://www.regeneron.com/downloads/lynozyfic_fpi.pdf
5. Regeneron Pharmaceuticals, Inc. LYNOZYFIC™ (linvoseltamab-gcpt) Billing and Coding Guide. April 2026. Accessed July 22, 2026. https://www.lynozyfichcp.com/resources

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC APPROVAL DATE
Annual Review	Added Boxed Warning language for Lynozyfic per FDA label, including risks of cytokine release syndrome (CRS) and neurologic toxicity, including ICANS. Added the FDA-approved indication for adult patients with relapsed or refractory multiple myeloma and added Definitions and Measures. Updated clinical criteria to align with current prescribing information and NCCN recommendations. Updated the quantity limits table to include available dosage forms and dose-spacing requirements. Coding reviewed: added ICD-10-CM codes Z92.22 and Z92.25; removed HCPCS C9307 and added HCPCS J9601. Added billing instructions for 1-mg unit billing. Wording and formatting updates were made. Updated reference information and incorporated the new policy template.	10/15/2026	10/21/2026
Select Review	Coding reviewed: C9307 added.	N/A	N/A
Policy Inception	MMM Develop Medical Policy	9/22/2025	10/10/2025