

Specialty Guideline Management

Lynozyfic

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Lynozyfic	linvoseltamab-gcpt

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.

FDA-approved Indication¹

Lynozyfic is indicated for the treatment 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.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review: chart notes or medical record documentation demonstrating failure of previous lines of therapy.

Coverage Criteria

Multiple Myeloma¹

Authorization of 12 months may be granted for treatment of relapsed or refractory multiple myeloma when the member has received at least 4 prior therapies, including at least one drug from each of the following categories:

- Proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib)
- Immunomodulatory agent (e.g., lenalidomide, pomalidomide, thalidomide)
- Anti-CD38 monoclonal antibody (e.g., daratumumab, isatuximab)

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Lynozyfic [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; July 2025.