

Reference number(s)
4699-A

## SPECIALTY GUIDELINE MANAGEMENT

### ZYNLONTA (loncastuximab tesirine-lpyl)

#### 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.

##### FDA-Approved Indication

Zynlonta is indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from low grade lymphoma, and high-grade B-cell lymphoma.

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

##### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:  
Chart notes, medical record documentation or claims history supporting previous lines of therapy.

##### III. CRITERIA FOR INITIAL APPROVAL

##### **Large B-cell lymphoma**

Authorization of 12 months may be granted for treatment of relapsed or refractory large B-cell lymphoma (e.g., DLBCL NOS, DLBCL arising from low grade lymphoma, high-grade B-cell lymphoma) when all of the following criteria are met:

1. The member has received two or more prior lines of systemic therapy.
2. The requested medication will be used as a single agent.

##### IV. CONTINUATION OF THERAPY

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

##### V. REFERENCES

1. Zynlonta [package insert]. Murray Hill, NJ: ADC Therapeutics America; April 2021.