Lisocabtagene Maraleucel (Breyanzi®)

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

POLICY

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 Indications
Adult patients with large B-cell lymphoma, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS) (including DLBCL arising from indolent lymphoma), high grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B who have:

- Refractory disease to first-line chemoimmunotherapy or relapse within 12 months of first-line chemoimmunotherapy; or
- Refractory disease to first-line chemoimmunotherapy or relapse after first-line chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age; or
- Relapsed or refractory disease after two or more lines of systemic therapy

Limitations of Use
BREYANZI is not indicated for the treatment of patients with primary central nervous system lymphoma.

Adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have received at least 2 prior lines of therapy, including, a Bruton tyrosine kinase (BTK) inhibitor and a B-cell lymphoma 2 (BCL-2) inhibitor

Adult patients with relapsed or refractory follicular lymphoma (FL) who have received 2 or more prior lines of systemic therapy.

Adult patients with relapsed or refractory mantle cell lymphoma (MCL) who have received at least 2 prior lines of systemic therapy, including a Bruton tyrosine kinase (BTK) inhibitor.

Adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received at least 2 prior lines of systemic therapy.

Compendial Uses

- Human immunodeficiency virus (HIV)-related B-cell lymphomas
- Monomorphic post-transplant lymphoproliferative disorder (B-cell type)
- Pediatric primary mediastinal large B-cell lymphoma
- Mantle cell lymphoma
- ALK-positive large B-cell lymphoma if CD19-positive

- CLL/SLL
- Histologic (Richter) transformation to DLBCL

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:

- For all indications: Chart notes or medical record documentation demonstrating failure of previous lines of therapy.
- For ALK-positive large B-cell lymphoma if CD19-positive:
  - Pathology or testing confirming ALK positivity
  - Testing or analysis confirming CD19 tumor expression

EXCLUSIONS

Coverage will not be provided for members with any of the following exclusions:

- Primary central nervous system lymphoma
- Previous treatment course with the requested medication or another CD19-directed chimeric antigen receptor (CAR) T-cell therapy.
- ECOG performance status greater than or equal to 3 (member is not ambulatory and not capable of all self-care, confined to bed or chair more than 50% of waking hours)
- Inadequate and unstable kidney, liver, pulmonary or cardiac function
- Active hepatitis B, active hepatitis C or any active uncontrolled infection
- Active graft versus host disease
- Active inflammatory disorder

COVERAGE CRITERIA

Adult B-cell Lymphomas

Authorization of 3 months (one dose) may be granted for treatment of B-cell lymphomas in members 18 years of age or older when any of the following criteria is met:

- The member has received prior treatment with two or more lines of systemic therapy and has any of the following B-cell lymphoma subtypes:
  - Diffuse large B-cell lymphoma (DLBCL) [including DLBCL NOS, follicular lymphoma grade 3, DLBCL arising from indolent lymphomas]
  - High grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
  - Primary mediastinal large B-cell lymphoma
  - Follicular lymphoma
  - Marginal zone lymphoma
  - HIV-related B-cell lymphomas (including HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specified and plasmablastic lymphoma)
  - Monomorphic post-transplant lymphoproliferative disorder (B-cell type)
- The member has received prior treatment with first-line chemoimmunotherapy and has relapsed/refractory disease with any of the following B-cell lymphoma subtypes:

- Diffuse large B-cell lymphoma (DLBCL) [including DLBCL NOS, follicular lymphoma grade 3, DLBCL arising from indolent lymphomas]
- High grade B-cell lymphoma (including high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
- Primary mediastinal large B-cell lymphoma
- HIV-related B-cell lymphomas (including HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specified and plasmablastic lymphoma)
- Monomorphic post-transplant lymphoproliferative disorder (B-cell type)

- The member has received prior treatment with a covalent Bruton tyrosine kinase inhibitor (e.g., acalabrutinib [Calquence], ibrutinib [Imbruvica], zanubrutinib [Brukinsa]) and has relapsed/refractory or progressive Mantle cell lymphoma.

Authorization of 3 months (one dose) may be granted for treatment of relapsed/refractory ALK-positive large B-cell lymphoma if CD19-positive in members 18 years of age or older.

Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL)

Authorization of 3 months (one dose) may be granted for treatment of relapsed or refractory CLL/SLL in members 18 years of age or older when the member has received prior therapy with covalent Bruton tyrosine kinase inhibitor (e.g., acalabrutinib [Calquence], ibrutinib [Imbruvica], zanubrutinib [Brukinsa])- and BCL-2 inhibitor (e.g., venetoclax)-containing regimens.

Histologic (Richter) Transformation to DLBCL

Authorization of 3 months (one dose) may be granted for treatment of histologic (Richter) transformation to DLBCL in members 18 years of age or older when either of the following criteria is met:

- Disease is clonally unrelated or member has previously untreated CLL and partial response, refractory disease, or progression on chemoimmunotherapy
- Disease is clonally related or unknown clonal status in members with previously treated CLL and partial response, refractory disease, or progression on prior systemic therapy

Pediatric Primary Mediastinal Large B-cell Lymphoma

Authorization of 3 months (one dose) may be granted for treatment of relapsed/ refractory primary mediastinal large B-cell lymphoma in members less than 18 years of age when the member has received prior therapy with at least two chemoimmunotherapy regimens and achieved partial response.

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex

Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

1. Breyanzi [package insert]. Bothell, WA: Juno Therapeutics Inc.; February 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed April 2, 2026.
3. The NCCN Clinical Practice Guidelines in Oncology® B-Cell Lymphomas (Version 3.2026). © 2026 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed April 2, 2026.
4. Abramson J, Palomba ML, Gordon L, et al. Lisocabtagene maraleucel for patients with relapsed or refractory large B-cell lymphomas (TRANSCEND NHL 001): a multicenter seamless design study. Lancet. 2020;396 (10254):839-852.

EFFECTIVE DATE 1/30/2027

ID_CHS_45132026_1126

This document has been classified as public information