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Oncology Agents- Autologous Cellular Immunotherapy (CAR-T) (Breyanzi)

WA.PHAR.109 Oncology Agents- Autologous Cellular Immunotherapy (CAR-T) (Breyanzi)

Effective Date: 02/05/2021

Background:

Lisocabtagene Maraleucel Suspension for IV Infusion (Breyanzi) is a CD19-directed genetically modified autologous T cell immunotherapy 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 (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B (1).

All requests for authorization or payment must be referred to the Health Care Authority.

Coding:

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Code	Description
Unlisted	

*National Drug Codes:

National Drug Code	Description
73153-0900-01	ONCOLOGY AGENTS : AUTOLOGOUS CELLULAR IMMUNOTHERAPY (CAR-T) (BREYANZI)

*Please note that the NDCs listed may not be an all-inclusive list

History

Date	Action and Summary of Changes
02/26/2021	<ul style="list-style-type: none"> New Policy Created