

# PHARMACY POLICY STATEMENT

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## Large B-Cell Lymphoma (LBCL)

For initial authorization:

1. Member is at least 18 years of age;AND
2. Healthcare facility/provider has enrolled in the Breyanzi REMS;AND - (l)-1.1 (i)-1 (n(ac)-1.7h (e8.9.4nN9ge)3.4

