

Part B Drugs Requiring Prior Authorization

Gene/Cell Therapies

Code	Drug
J3398	Voretigene neparvovec-rzyl (Luxturna)
J3399	Onasemnogene abeparvovec (Zolgensma)
J9325	Talimogene laherparepvec (Imlygic)
Not currently FDA approved	Valoctocogene roxaparvovec (Roctavian)
Not currently FDA approved	Etranacogene dezaparvovec (TBD)
Not currently FDA approved	Betibeglogene autotemcel (beti-cel) (Lentiglobin/Zynteglo)
Q2041	Axicabtagene ciloleucel (Yescarta)
Q2042	Tisagenlecleucel (Kymriah)
Q2043	Sipuleucel-T (Provenge)
Q2053	Brexucabtagene autoleucel (KTE-X19) (Tecartus)
Q2054	Lisocabtagene maraleucel (Breyanzi)
Q2055	Idecabtagene vicleucel (Abecma)

Cell and gene therapies approved by the FDA after the publishing of this list will also require prior authorization. *Cell Therapy(ies)* means a drug used for the transplantation of live human cells to replace or repair damaged tissue and/or cells. *Gene Therapy(ies)* means a drug used to modify or manipulate the expression of a gene or to alter the biological properties of living cells for therapeutic use.