

Part B Drugs Requiring Prior Authorization for 2025

ABECMA (idecabtagene vicleucel)	LANTIDRA (donislecel)
ADSTILADRIN (nadofaragene firadenovec-vcng)	LAVIV (Azcifel-T)
ALLOCORD (HPC, Cord Blood)	LENMELDY (atidarsagene autotemcel)
AMTAGVI (lifileucel)	LUXTURNA (voretigene neparvovec-rzyl)
AUCATZYL (obecabtagene autoleucel)	LYFGENIA (lovotibeglogene autotemcel [lovo-cel])
BEQVEZ (fidanacogene elaparvovec-dzkt)	MACI (Autologous Cultured Chondrocytes on a Porcine Collagen Membrane)
BREYANZI (lisocabtagene maraleucel)	OMISIRGE (omidubicel-only)
CARVYKTI (ciltacabtagene autoleucel)	PROVENGE (sipuleucel-T)
CASGEVY (exagamglogene autotemcel [exa-cel])	REGENECYTE (HPC, Cord Blood)
CLEVECORD (HPC Cord Blood)	RETHYMIC (allogeneic processed thymus tissue – agdc)
Ducord, HPC Cord Blood	ROCTAVIAN (valoctocogene roxaparvovec-rvox)
ELEVIDYS (delandistrogene moxeparvovec-rokl)	RYONCIL (remestemcel-L-rknd)
GINTUIT (Allogeneic Cultured Keratinocytes and Fibroblasts in Bovine Collagen)	SKYSONA (elivaldogene autotemcel)
HEMACORD (HPC, cord blood)	STRATAGRAFT (allogeneic cultured keratinocytes and dermal fibroblasts in murine collagen-dsat)
HEMGENIX (etranacogene dezaparvovec-drlb)	TECARTUS (brexucabtagene autoleucel)
HPC, Cord Blood	TECELRA (afamitresgene autoleucel)
HPC, Cord Blood- MD Anderson Cord Blood Bank	VYJUVEK (beremagene geperpavec)
HPC, Cord Blood- LifeSouth	YESCARTA (axicabtagene ciloleucel)
HPC, Cord Blood- Bloodworks	ZYNTEGLO (betibeglogene autotemcel)
IMLYGIC (talimogene laherparepvec)	ZOLGENSMA (onasemnogene abeparvovec-xioi)
KEBILIDI (eladocogene exuparvovec-tneq)	
KYMRIAH (tisagenlecleucel)	

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. For agents with no billing code available, J3590 (Unclassified biologics) or C9399 (Unclassified drugs/biologics, outpatient hospital) should be used.