

# Classified therapies for the Cigna Healthcare Gene Therapy Program and the Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Program

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**The Cigna Healthcare Gene Therapy Program and the Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Program direct customers to contracted providers. Through these programs, we are advancing health outcomes while managing quality and controlling costs.**

The gene therapies and advanced cellular therapies approved by the U.S. Food and Drug Administration (FDA) are eligible for coverage when the prior authorization review is completed and the therapy is determined to be medically necessary by Cigna Healthcare or Cigna Healthcare LifeSOURCE. Coverage of both the therapy and related administration services varies across plans and is determined by the customer's benefit plan.

## Cigna Healthcare gene therapies

Cigna Healthcare has classified the following as gene therapies, which are managed under the Cigna Healthcare Gene Therapy Program. The list of gene therapies may change without prior notice.

Gene therapy	HCPCS* code
ADSTILADRIN® (nadofaragene firadenovec-vncg)	J9029
BEQVEZ™ (fidanacogene elaparvovec-dzkt)**	J3590, C9399
CASGEVY™ (exagamglogene autotemcel)**	J3590
ELEVIDYS (delandistrogene moxeparvovec)	J1413
HEMGENIX® (etranacogene dezaparvovec-drlb)**	J1411
LENMELDY™ (atidarsagene autotemcel)**	J3590
LUXTURNA® (voretigene neparvovec-rzyl)**	J3398
LYFGENIA™ (lovotibeglogene autotemcel)**	J3590
ROCTAVIAN™ (valoctocogene roxaparvovec-rvox)**	J1412
SKYSONA® (elivaldogene autotemcel)**	J3590
VYJUVEK™ (beremagene geperpavec-svdt)	J3401
ZOLGENSMA® (onasemnogene abeparvovec-xioi)**	J3399
ZYNTEGLO® (betibeglogene autotemcel)**	J3590

\* Healthcare Common Procedure Coding System.

\*\* Embarc Benefit Protection® may apply to this gene therapy.

Contracted providers in the Cigna Healthcare Gene Therapy Program can initiate prior authorization requests for these therapies by calling the dedicated Cigna Healthcare Gene Therapy Program team at **855.678.0051** or by faxing the completed prior authorization form to **833.910.1625**. Prior authorization forms for each gene therapy are available on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) > Find the right forms: Quickly locate the forms you need > Pharmacy Forms: View Documents > Commercial Drug Prior Authorization Forms: View Documents > [General Drug Prior Authorization Forms](#).

For questions, providers can call **855.678.0051** or email [GeneTherapyProgram@Cigna.com](mailto:GeneTherapyProgram@Cigna.com).

Reimbursement restrictions may apply for gene therapies according to our Specialty Medical Injectables with Reimbursement Restriction guidelines. The guidelines are available at [CignaforHCP.com](https://CignaforHCP.com) > Resources > Reimbursement Policies and Payments Policies > Precertification Policies > Specialty Medical Injectables with Reimbursement Restrictions. Providers must log in to access this list.

### Cigna Healthcare LifeSource advanced cellular therapies

Cigna Healthcare LifeSOURCE has classified the following as advanced cellular therapies. The list of advanced cellular therapies may change without prior notice.

Advanced cellular therapy	HCPCS code
<b>ABECMA® (idecabtagene vicleucel)</b>	Q2055
<b>AMTAGVI™ (lifileucel)</b>	C9399, J9999, J3490, J3590
<b>BREYANZI® (lisocabtagene maraleucel)</b>	Q2054
<b>CARVYKTI® (ciltacabtagene autoleucel)</b>	Q2056
<b>KYMRIAH® (tisagenlecleucel)</b>	Q2042
<b>TECARTUS® (brexucabtagene autoleucel)</b>	Q2053
<b>YESCARTA® (axicabtagene ciloleucel)</b>	Q2041

Contracted Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Programs can initiate prior authorization requests for these therapies by calling **800.668.9682** or by faxing the [referral form](#) to **877.598.2484**. For questions, providers can email [LifeSOURCECustomerService@Cigna.com](mailto:LifeSOURCECustomerService@Cigna.com).

### Frequently asked questions

**1. Is prior authorization required for all gene therapies and advanced cellular therapies?**

Yes. All FDA-approved gene therapies and advanced cellular therapies require prior authorization for all medical management models, including Personal Health Solutions, Personal Health Solutions Plus, and Health Matters Care Management (Basic Low, Basic Standard, Preferred, and Complete).

**2. Are all providers who have access to a specific gene therapy contracted with Cigna Healthcare to administer that gene therapy?**

No. A provider must be contracted as a Cigna Healthcare Gene Therapy Program provider for a specific gene therapy to be eligible to administer that specific therapy to a Cigna Healthcare customer and be eligible for reimbursement. In some cases, a single case agreement may be utilized.

**3. Are all providers who have a Risk Evaluation and Mitigation Strategy (REMS) certification for a specific advanced cellular therapy contracted with the Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Program?**

No. A REMS-certified provider must be contracted as a Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Program provider for a specific advanced cellular therapy to be eligible to administer that specific therapy to a Cigna Healthcare customer and be eligible for reimbursement. In some cases, a single case agreement may be utilized.

**4. Where can I find additional information about the Cigna Healthcare Gene Therapy Program, the Cigna Healthcare LifeSOURCE Advanced Cellular Therapy Program, and Embarc Benefit Protection?**

The Cigna Healthcare Reference Guide for physicians, hospitals, ancillaries, and other providers includes additional information about the gene therapy and advanced cellular therapy programs and Embarc Benefit Protection. This guide is available at [CignaforHCP.com](https://CignaforHCP.com) > Resources > Medical Resources > Doing Business with Cigna > Health Care Professional Reference Guides. Providers must log in to access this guide.

