

pariglasgene brecaparvovec-opnr (Genglycos)

Medical Benefit Drug Policy

1. All requests for this drug must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

Drug Details

USP Category: varies

Mechanism of Action: An adeno-associated virus (AAV) vector-based gene therapy

HCPCS:

C9399:Unclassified drugs or biologicals

J3590:Unclassified biologics

How Supplied:

Genglycos is a suspension with a concentration of 3.0×10^{13} gc/mL. Each vial contains 2 mL of extractable volume. Genglyco is provided in a kit containing 3 to 15 single-dose vials, with each kit constituting a dosage unit based on the patient's body weight.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

References

1. Genglycos (pariglasgene brecaparvovec-opnr) Prescribing Information. Ultragenyx Pharmaceutical Inc. Novato, CA: 8/2026.

Review History

Date of Last Annual Review: NA

Changes from previous policy version:

- Placeholder

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*