

## pegzilarginase-nbln (Loargys)

### 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:** GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

**Mechanism of Action:** An arginine specific enzyme

**HCPCS:**

C9399, J3490, J3590: pegzilarginase-nbln (Loargys):

**How Supplied:**

2 mg/0.4 mL and 5 mg/mL in a single-dose vial

### 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. Loargys (pegzilarginase-nbln) Prescribing Information. Immedica Pharma AB, Stockholm, Sweden: 2/2026.

### 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*