TMHP Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor

Updated Prior Authorization Criteria for Lisocabtagene Maraleucel (Breyanzi) Effective December 1, 2026

Last updated on 11/10/2026

Effective for dates of service on or after December 1, 2026, Texas Medicaid will update the prior authorization criteria for lisocabtagene maraleucel (*Breyanzi*) (procedure code Q2054).

The U.S. Food & Drug Administration (FDA) has approved lisocabtagene maraleucel (*Breyanzi*) for adult clients with relapse or refractory marginal zone lymphoma (MZL) who have received at least two prior lines of systemic therapy.

Updated Prior Authorization Requirements

Prior authorization may be approved for lisocabtagene maraleucel (*Breyanzi*) infusion therapy when the adult client meets one of the following diagnosis criteria:

- The client has relapse or refractory mantle cell lymphoma (MCL) and received at least two prior lines of systemic therapy, including Bruton tyrosine kinase (BTK) inhibitor.
- The client has relapse or refractory MZL and at least one of the following has occurred:
    - The client received at least two prior lines of systemic therapy (including an anti-CD20 antibody and alkylating agent).
    - The client has relapsed after hematopoietic stem cell transplantation (HSCT).

Reimbursement

The Texas Medicaid & Healthcare Partnership (TMHP) may reimburse claims for lisocabtagene maraleucel (*Breyanzi*) (procedure code Q2054) when they are submitted with the additional diagnosis code C8840.

For more information, call the TMHP Contact Center at 800-925-9126.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the member's specific MCO for details