Utah Department of Health & Human Services
Integrated Healthcare

Medicaid Information Bulletin (MIB)

Medicaid information: 1-800-662-9651 | medicaid.utah.gov

25-90 CELL AND GENE THERAPY PROVIDER MANUAL 1
25-91 GLP-1 AGONISTS DIAGNOSIS CODE REQUIREMENT 2
25-92 VRAYLAR QUANTITY LIMIT UPDATE 2
25-93 SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT PROGRAM TRANSITION DAYS 2

25-90 Cell and Gene Therapy Provider Manual

Effective September 1, 2025, Utah Medicaid has been participating in an outcomes-based Centers for Medicare and Medicaid Services (CMS) innovation-led Cell and Gene Therapy (CGT) Access Model agreement. The goal of the program is to improve Medicaid beneficiary access to gene therapies. The model's initial focus will be to expand access for sickle cell disease gene therapies, Casgevy and Lyfgenia, for eligible Medicaid members.

Additional resources:

Issued December 2025, the *Cell and Gene Therapy provider manual* has been published as an attachment to the *Pharmacy Services provider manual*. The manuals are available at https://medicaid.utah.gov/utah-medicaid-official-publications.

Providers can access additional information about the CGT Access Model on the CMS website at https://www.cms.gov/priorities/innovation/innovation-models/cgt.

Casgevy and Lyfgenia prior authorization forms for gene therapies can be found at https://medicaid.utah.gov/pharmacy-program/prior-authorization.

25-91 GLP-1 Agonists Diagnosis Code Requirement

Effective December 1, 2025, all GLP-1 claims must include an appropriate ICD-10 diagnosis code for Type 2 diabetes entered in the pharmacy point-of-sale (POS) system. The member must have a documented diagnosis of Type 2 diabetes, and the pharmacy is responsible for ensuring the diagnosis code is submitted with the claim. Non-preferred GLP-1s will continue to require a trial and failure of a preferred agent and prior authorization request submission.

Concurrent use of two or more GLP-1 agents is restricted. The concurrent use exceeding 28 consecutive days within a 45-day period requires medication coverage exception prior authorization. Prior authorization forms can be found at https://medicaid.utah.gov/pharmacy-program/prior-authorization.

25-92 Vraylar Quantity Limit Update

Effective November 13, 2025, a quantity limit of 30 tablets per 30-day supply will apply to Vraylar. The Dispense as Written (DAW-1) code will override non-preferred status but will not override the applicable quantity limit. Requests exceeding this limit will require prior authorization. The Medication Coverage Exception Prior Authorization form is available at https://medicaid.utah.gov/pharmacy-program/prior-authorization.

25-93 Substance Use Disorder Residential Treatment Program Transition Days

In the November 2024 published version of the *Behavioral Health Services provider manual*, transition days for substance use disorder residential treatment services were inadvertently changed. Chapter 7-19.4.3 of the manual has been corrected to reflect policy that when a member no longer meets medical necessity criteria for continued stay in a residential program, 14 transitional days are allowed to transition the member to the medically necessary ASAM level of care. See the Behavioral Health Services provider manual for the correction.