Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

CASGEVY® (*exagamglogene autotemcel*) PA CRITERIA for Sickle Cell Disease:

CASGEVY® (*exagamglogene autotemcel*) is an autologous genome edited hematopoietic stem cell-based gene therapy indicated for the treatment of patients aged 12 years and older with sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs) or transfusion-dependent β-thalassemia (TDT).

Prior authorization is required for CASGEVY® (*exagamglogene autotemcel*) in sickle cell disease (SCD). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 12 Months. One single dose per lifetime.

1. Age of the patient is 12 years and older; **AND**

2. Patient has a diagnosis of sickle cell disease confirmed by genetic testing; **AND**

3. Patient has one of the following based on provider attestation:
    a. Experienced recurrent vaso-occlusive crises (VOCs), defined as 2 or more documented VOCs per year in the previous 24 months**; or**
    b. Currently receiving chronic transfusion therapy for recurrent VOCs; **AND**

4. Patient has prior use of or intolerance to hydroxyurea (as determined by healthcare professional judgement) at any point in the past; **AND**

5. Prescribed by or in consultation with a board-certified hematologist with sickle cell disease expertise; **AND**

6. Prescriber attests that patient is clinically stable and fit for transplantation.

CASGEVY® Dosing:

- Dosing is based on body weight. The minimum recommended dose is 3 x 10^6 CD34+ cells/kg. CASGEVY® is for autologous use only. Please see the full prescribing information for further details.

Formulation:

- CASGEVY® is a cell suspension for intravenous infusion.