

Provider Fact Sheet: Gene Therapy Requirements for Sickle Cell Disease

Effective September 1, 2025 | Outpatient Drug Services Handbook in the Texas Medicaid Provider Procedures Manual

Medications Covered

- Exagamglogene Autotemcel (Casgevy)
- Lovotibeglogene Autotemcel (Lyfgenia)

Prior Authorization Process

- All requests must be submitted using the **Special Medical Prior Authorization (SMPA) Request Form**.
- Ensure complete documentation of clinical criteria and diagnosis codes.

Exagamglogene Autotemcel (Casgevy) Overview

Exagamglogene autotemcel Casgevy (procedure code J3392) is a one-time infusion therapy for the treatment of members for whom an autologous genome-edited hematopoietic stem cell–based gene therapy is appropriate and who meet certain criteria:

- Sickle Cell Disease (SCD)
- Transfusion-dependent β -thalassemia

Eligibility Criteria

Members must meet **all** of the following:

- Age \geq 12 years at expected time of gene therapy administration
- Confirmed diagnosis of SCD via genetic testing
- History of \geq 2 vaso-occlusive crises per year in the past 2 years, as documented by provider attestation or with one of diagnosis codes listed below
- Inadequate response to hydroxyurea or crizanlizumab
- No prior gene therapy or stem cell transplant
- Member has not previously received an allogenic or autologous hematopoietic stem cell transplantation
- Negative serum pregnancy test
- No active HIV-1, HIV-2, Hepatitis B Virus, or Hepatitis C Virus infection
- No advanced liver or chronic kidney disease

Prescriber Attestation Required:

- Hydroxyurea discontinued:
 - ≥ 8 weeks before mobilization/conditioning
- Crizanlizumab discontinued:
 - ≥ 8 weeks before mobilization/conditioning
- Iron chelators discontinued:
 - ≥ 7 days before myeloablative conditioning

For Transfusion-Dependent β -Thalassemia:

Prescriber Attestation Required:


- Iron chelators discontinued ≥ 7 days before myeloablative conditioning

Monitoring Parameters

- Monitor for bleeding; frequent **platelet counts** until engraftment and recovery
- Monitor **absolute neutrophil counts** until engraftment is achieved

Diagnosis Codes for Sickle Cell Disease

(Include at least one of the following in documentation)

 Diagnosis Codes for Sickle Cell Disease							
D5700	D5701	D5702	D5703	D5704	D5709	D571	D5720
D57211	D57212	D57213	D57214	D57218	D57219	D5740	D57411
D57412	D57413	D57414	D57418	D57419	D5742	D57431	D57432
D57433	D57434	D57438	D57439	D5744	D57451	D57452	D57453
D57454	D57458	D57459	D5780	D57811	D57812	D57813	D57814
D57818	D57819						

Contact Information

For questions specific to gene therapy criteria, documentation, or prior authorization requirements, please email: HS_UM_INQUIRIES@elpasohealth.com