

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

Medication Covered

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

Prior Authorization Process

- Requests must be submitted for Prior Authorization
- Include complete documentation of clinical criteria and diagnosis codes.

Lovotibeglogene Autotemcel (Lyfgenia) Overview

Lyfgenia is a one-time infusion gene therapy for the treatment of members for whom autologous hematopoietic stem cell transplantation is appropriate.

Eligibility Criteria

Clients 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 4 vaso-occlusive events in the past 24 months *OR* currently receiving chronic transfusion therapy for recurrent vaso-occlusive events (*Use appropriate diagnosis codes listed below*)
- Inadequate response or contraindication to hydroxyurea
- No prior gene therapy or has not previously received lovotibeglogene autotemcel (Lyfgenia)
- No matched related donor for allogeneic HSCT (hematopoietic stem cell transplantation)
- Negative serum pregnancy test and not breastfeeding
- Negative serology for HIV-1 and HIV-2
- No advanced liver or chronic kidney disease

Prescriber Attestation Required


- Hydroxyurea discontinued:
 - ≥ 2 months before mobilization
 - ≥ 2 days before conditioning
- Anti-retroviral medications discontinued:
 - ≥ 1 month before mobilization
 - Held until all apheresis cycles are completed
- Iron chelators discontinued:
 - ≥ 7 days before initiation of myeloablative conditioning

Monitoring Parameters

- Monitor for malignancy:
 - Complete blood counts every 6 months
 - Integration site analysis at months 6 and 12, and as clinically warranted
- Monitor for thrombocytopenia and bleeding
- Monitor 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**