

Gene Therapy Treatments for Sickle Cell Disease



Medicaid Medical Coverage Policy

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Description

Requests for Casgevy (exagamglogene autotemcel) AND Lyfgenia (lovotibeglogene autotemcel) require review by a medical director.

Please refer to [Pharmacy Policy Branch - Cabinet for Health and Family Services](#) CGT Therapy for Casgevy and Lyfgenia.

Coverage Determination

Refer all requests or questions regarding Gene Therapy Treatments for Sickle Cell Disease to the Corporate Transplant Department.

Phone	Fax	Email
1-866-421-5663	502-508-9300	transplant@humana.com

Humana members may be eligible under the Plan for **Casgevy (exagamglogene autotemcel)** when the following criteria are met^{1,5}:

- Confirmatory genetic testing; **AND**
- Failure or intolerance to hydroxyurea (defined as being unable to take hydroxyurea per health care professional judgement) at any point in the past; **AND**
- Individual is age twelve (12) years or older at the expected time of gene therapy administration; **AND**
- Individual is clinically stable and fit for transplantation; **AND**
- Gene therapy is prescribed by or in consultation with a board-certified hematologist with sickle cell disease expertise; **AND**
- Individual has experienced recurrent vaso-occlusive crises (VOCs), defined as more than or equal to two (2) documented VOCs per year in the previous twenty-four (24) months, based on provider attestation; **AND**
- Casgevy will not be administered during pregnancy due to the risk of myeloablative conditioning; **AND**
- Individual will not have a history of prior allogeneic or autologous hematopoietic stem cell transplant; **AND**
- Casgevy will not be used in patients with active HIV-1, HIV-2, HBV, or HCV; **AND**
- Casgevy will not be administered during pregnancy and/or breastfeeding will be discontinued due to the potential risks associated with myeloablative conditioning; **AND**
- **Authorization will be approved for 1 year if the individual meets all of the criteria above**

Humana members may be eligible under the Plan for **Lyfgenia (lovotibeglogene autotemcel)** when the following criteria are met^{4,5}:

- Confirmatory genetic testing; **AND**
- Individual has failure or intolerance to hydroxyurea (defined as being unable to take hydroxyurea per health care professional judgement) at any point in the past; **AND**
- Individual is age twelve (12) years or older at the expected time of gene therapy administration; **AND**
- Individual is clinically stable and fit for transplantation; **AND**
- Gene therapy is prescribed by or in consultation with a board-certified hematologist with sickle cell disease expertise; **AND**

- Eligible beneficiary's treatment center has a sickle cell center; **AND**

- Individual has either of the following (based on provider attestation):
 - Currently receiving chronic transfusion therapy for recurrent vaso-occlusive events (VOEs); **OR**
 - Experienced two (2) or more VOEs in the previous twenty-four (24) months, as determined by the eligible beneficiary's treating clinician;

AND

- **Authorization will be approved for 1 year if the individual meets all of the criteria above**

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Change Summary

01/01/2026 New Policy.

01/13/2026 Update, Coverage Change. Edits incorporate state Medicaid authority request(s) to update Lyfgenia clinical authorization criteria to 1 year