

Gene Therapy Treatments for Beta Thalassemia



Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2025

Effective Date: 01/01/2025

Review Date: 08/19/2024

Policy Number: HUM-2239-000

Line of Business: Medicaid

State(s): SC

Table of Contents

[Description](#)

[Coverage Limitations](#)

[References](#)

[Appendix](#)

[Coverage Determination](#)

[Coding Information](#)

[Change Summary](#)

Disclaimer

The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Beta thalassemia (also known as β -thalassemia or Cooley's anemia) is a type of inherited blood disorder that causes a reduction of normal hemoglobin and red blood cells in the blood, through mutations in the beta-globin subunit, leading to insufficient delivery of oxygen in the body. The reduced levels of red blood cells (RBC) can lead to several health issues including dizziness, weakness, fatigue, bone abnormalities and more serious complications.

Transfusion-dependent thalassemia (TDT), the most severe form of the condition, generally requires life-long red blood cell transfusions as the standard course of treatment. These regular transfusions can be associated with multiple health complications including problems in the heart, liver and other organs due to an excessive build-up of iron in the body.

Treatment options for beta thalassemia are limited. Allogeneic hematopoietic stem cell transplantation (HSCT) is the only curative treatment for beta thalassemia; cure rates are achieved in 80% to 90% of individuals. However, matched donors are scarcely available, and some are not optimal candidates for allogeneic HSCT due to age or iron-related complications. In addition, HSCT carries a risk of serious complications, such as graft-versus-host disease.⁹

Casgevy (exagamglogene autotemcel) is one-time gene therapy used to treat individuals 12 years of age and older with β -thalassemia who need regular blood transfusions. In individuals with TDT, γ -globin

production improves the α -globin to non- α -globin imbalance thereby reducing ineffective RBC production (erythropoiesis) and destruction (hemolysis) and increasing total hemoglobin levels, addressing the underlying cause of disease and eliminating the dependence on regular RBC transfusions.¹⁵

Zynteglo (betibeglogene autotemcel) is a one-time gene therapy product administered as a single dose. Each dose of Zynteglo is a customized treatment created using an individual's own cells (bone marrow stem cells) that are genetically modified to produce functional beta-globin (a hemoglobin component). This autologous hematopoietic stem cell-based gene therapy is indicated for the treatment of adult and pediatric individuals with β -thalassemia who require regular RBC transfusions.¹⁶

Requests for Casgevy (exagamglogene autotemcel) AND Zynteglo (betibeglogene autotemcel) require review by a medical director.

Coverage Determination

Refer all requests or questions regarding gene therapy treatments for beta thalassemia to the Corporate Transplant Department.

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

Casgevy (exagamglogene autotemcel) will be considered medically reasonable and necessary when the following indications are met¹⁴:

- Absence of [limitations](#); **AND**
- Individual diagnosed with TDT, requiring at least 10 or more packed RBC transfusions per year in the previous 2 years; **AND**
- Individual is 12 through 65 years of age; **AND**
- Individual is a candidate for an allogeneic hematopoietic cell transplantation, but lack an available matched donor; **AND**
- Failure or intolerance of hydroxyurea (HU)

Zynteglo (betibeglogene autotemcel) will be considered medically reasonable and necessary when the following indications are met¹⁶:

- Absence of [limitations](#); **AND**

- Individual diagnosed with TDT, requiring at least eight or more packed RBC transfusions per year in the previous 2 years; **AND**
- Individual is 4 through 65 years of age; **AND**
- Individual is a candidate for an allogeneic hematopoietic cell transplantation, but lack an available matched donor; **AND**
- [Karnofsky performance status](#) of greater than or equal to 80 (greater than or equal to 16 years of age) **OR** a [Lansky performance status](#) of greater than or equal to 80 (less than 16 years of age); **AND**
- Individual will receive 1 dose per lifetime; **AND**
- Individual will receive Zynteglo (betibeglogene autotemcel) at a certified treatment center

Coverage Limitations

Casgevy (exagamglogene autotemcel) AND Zynteglo (betibeglogene autotemcel) will not be considered medically reasonable and necessary if the following are present ^{15,16}:

- Clinically significant and active bacterial, fungal, parasitic or viral infection including hepatitis B or C (HBV, HCV) or human immunodeficiency virus (HIV); **OR**
- Inadequate bone marrow function defined by an absolute neutrophil count of less than 1000/ μ L (less than 500/ μ L for subjects on HU treatment) **OR** a platelet count less than 100,000/ μ L; **OR**
- Individual has desire to become pregnant/reproduce **OR** unwilling to use effective contraception; **OR**
- Individual is pregnant or breastfeeding; **OR**
- Renal impairment; **OR**
- Hepatic impairment; **OR**
- Severe iron overload affecting heart/liver function; **OR**
- Prior or current malignancy or immunodeficiency disorder (except previously treated, non-life threatening, cured tumors such as squamous cell carcinoma of the skin); **OR**
- Prior HSC transplant; **OR**
- Prior receipt of **ANY** gene therapy

These are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
C9399	Unclassified drugs or biologicals	
J3490	Unclassified drugs	
J3590	Unclassified biologics	
ICD-10-PCS Code(s)	Description	Comments
XW133J8	Transfusion of Exagamglogene Autotemcel into Peripheral Vein, Percutaneous Approach, New Technology Group 8	
XW143J8	Transfusion of Exagamglogene Autotemcel into Central Vein, Percutaneous Approach, New Technology Group 8	

References

1. ClinicalKey. Drug Monograph. Betibeglogene autotemcel. <https://www.clinicalkey.com>. Updated November 14, 2023.
2. ClinicalKey. Drug Monograph. Exagamglogene autotemcel. <https://www.clinicalkey.com>. Updated January 25, 2024.
3. ClinicalKey. Fru RA. Thalassemias. In: Ferri FF. *Ferri's Clinical Advisor*. Elsevier; 2024:1346.e11-1346.e18. <https://www.clinicalkey.com>.

4. ClinicalKey. Holstein SA, Hohl RJ. Thalassemia. In: Kellerman RD, Rakel DP. *Conn's Current Therapy*. Elsevier; 2023:498-503. <https://www.clinicalkey.com>.
5. ECRI Institute. Genetic Test Assessment. Zynteglo (betibeglogene autotemcel) (bluebird bio, inc.) for treating transfusion-dependent beta-thalassemia. <https://www.ecri.org>. Published November 7, 2022.
6. Frangoul H, Altshuler D, Cappellini MD, et al. CRISPR-Cas9 gene editing for sickle cell disease and β -thalassemia. *N Engl J Med*. 2021;384(3):252-260.
7. Hayes, Inc. Emerging Technology Report. Betibeglogene autotemcel (Zynteglo) for beta thalassemia. <https://evidence.hayesinc.com>. Published August 19, 2022.
8. Hayes, Inc. Emerging Technology Report. Exagamglogene autotemcel (Casgevy; Vertex/CRISPR) for transfusion-dependent beta thalassemia. <https://evidence.hayesinc.com>. Published January 19, 2024.
9. IBM Micromedex. Betibeglogene autotemcel (Zynteglo). <https://www.micromedexsolutions.com>. Updated November 16, 2022.
10. IBM Micromedex. Exagamglogene autotemcel (Casgevy). <https://www.micromedexsolutions.com>. Updated January 11, 2024.
11. Locatelli F, Thompson AA, Kwiatkowski JL, et al. Betibeglogene autotemcel gene therapy for non- β^0/β^0 genotype β -thalassemia. *N Engl J Med*. 2022;386(5):415-427.
12. Papaioannou I, Owen JS, Yáñez-Muñoz RJ. Clinical applications of gene therapy for rare diseases: a review. *Int J Exp Pathol*. 2023;104(4):154-176.
13. Thompson AA, Walters, MC, Kwiatkowski J, et al. Gene therapy in patients with transfusion-dependent β -Thalassemia. *N Engl J Med*. 2018;378(16):1479-1493.
14. UpToDate, Inc. Management of thalassemia. <https://www.uptodate.com>. Updated November 2023.
15. US Food & Drug Administration (FDA). Full prescribing information: Casgevy (exagamglogene autotemcel). <https://www.fda.gov>. Published January 2024.
16. US Food & Drug Administration (FDA). Full prescribing information: Zynteglo (betibeglogene autotemcel). <https://www.fda.gov>. Published August 2022.

Appendix

Appendix A - Karnofsky/Lansky Performance Status Scale Definitions Rating (%) Criteria

Karnofsky Scale <i>(greater than or equal to 16 years of age)</i>		Lansky Scale <i>(less than 16 years of age)</i>	
Able to carry on normal activity; no special care is needed			
Normal health	100	Fully active	
Minor symptoms	90	Minor restriction in physically strenuous play	
Normal activity with some effort	80	Restricted in strenuous play, tires more easily, otherwise active	
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed		Mild to moderate restriction	
Cares for self, unable to carry on normal activity or to do active work	70	Both greater restrictions of, and less time spent in active play	
Requires occasional help with personal needs	60	Ambulatory up to 50% of time, limited active play with assistance/supervision	
Requires considerable assistance and frequent medical care	50	Considerable assistance required for any active play, fully able to engage in quiet play	
Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly		Moderate to severe restriction	
Requires considerable assistance and medical care	40	Able to initiate quite activities	
Severely disabled, in hospital	30	Needs considerable assistance for quiet activity	
Very sick, active support needed	20	Limited to very passive activity initiated by others (e.g., television)	
Moribund (near death)	10	Completely disabled, not even passive play	

Change Summary

01/01/2025 New Policy