SICKLE CELL DISEASE GENE THERAPY



Included Products: Casgevy (exagamglogene autotemcel), Lyfgenia (lovotibeglogene autotemcel)

Created: 03/14/2024	Revised: 03/14/2024	Reviewed: 03/14/2024	Updated: 04/01/2024

All Diagnoses					
Initi	al Criteria: All Diagnoses	If yes	lf no		
1.	 Does the request meet the definition of medical appropriateness per Oregon Administrative Rules as defined by meeting ALL of the following?: a. Requested by or in consultation with a licensed health care provider with the appropriate specialty to treat the condition; AND b. Is recognized to be safe, effective, and appropriate by the relevant professional community/guidelines; AND c. Is not solely for the convenience or preference of the member; AND d. The most cost-effective option that can be safely and effectively provided. 	Continue to #2.	Do not approve.		
2.	 Does the request meet the definition of medical necessity per Oregon Administrative Rules defined as meeting one or more of the following: a. Prevention, diagnosis, or treatment of a disorder that results in health impairment or a disability; OR b. Improve the ability for the member to achieve age-appropriate growth and development; OR c. Establish the ability for a member to attain, maintain, or regain independence in self-care, ability to perform activities of daily living, or improve health status. 	Continue to #3.	Do not approve.		
3.	Is the request for Casgevy?	Continue to #4.	Continue to #5.		

4.	Is there a medical reason Casgevy cannot be	Continue to	Do not approve.
	used?	#5.	
5.	Approve for 1 treatment.		

Quantity Limits

• Only 1 treatment per lifetime allowed.