

## PHARMACY POLICY STATEMENT

### Marketplace

<b>DRUG NAME</b>	<b>Casgevy (exagamglogene autotemcel)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Casgevy is an autologous genome edited hematopoietic stem cell-based gene therapy indicated for the treatment of patients 12 years and older with sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs), or for transfusion-dependent  $\beta$ -thalassemia (TDT)

***If all the above requirements are met, the medication will be approved for 3 months.***  
*Note: provider must submit timeline for administration with request.*

For **reauthorization**:

Casgev is a one-time infusion and will not be reauthorized.

## **Beta-Thalassemia**

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with a hematologist or transplant specialist; AND
3. Member has a diagnosis of beta-thalassemia, confirmed by genetic testing results; AND
4. Member is transfusion dependent, defined as requiring

