



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
Casgevy
Effective 2/26/2025

[Prior Authorization Request Form](#)

CASGEVY (exagamglogene autotemcel) is an autologous genome edited hematopoietic stem cell-based gene therapy indicated for the treatment of patients 12 years of age and older with Sickle Cell Disease (SCD) with recurrent vaso-occlusive crises (VOCs) and transfusion dependent β -thalassemia (TDT). Casgevy is intended for a one-time administration via a hematopoietic stem cell transplant (HSCT) procedure where the patient's own CD34+ cells are modified to reduce BCL11A expression in erythroid lineage cells leading to increased fetal hemoglobin (HbF) production.

CRITERIA FOR APPROVAL:

1. Prescribed by, or in consultation with, a board-certified hematologist with SCD expertise; **AND**
2. The patient is 12 years of age or older; **AND**
3. The patient has a Food and Drug Administration (FDA) approved diagnosis with confirmatory genetic testing; **AND**
4. The patient has documented prior use of, or intolerance to, hydroxyurea (per health care professional judgement) at any point in the past; **AND**
5. The patient is clinically stable and fit for transplantation; **AND**
6. The patient has experienced recurrent VOCs (defined as more than or equal to (\geq) two documented VOCs per year in the previous 24 months based on provider attestation).

Approval may be authorized for a sufficient duration to allow for a single course of treatment which includes a one-time infusion and will not be reauthorized. Once approved, the prior authorization will be valid for at least 12 months.

