



MASSACHUSETTS

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Gene Therapies for Sickle Cell Disease – Prior Authorization Request Form for Casgevy™ (Exagamglogene autotemcel), #055

Medical Policy #050 Gene Therapies for Sickle Cell Disease

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for Casgevy must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility’s NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon’s NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

For out of network providers: Requests should still be faxed to 888-973-0726.

Patient Information	
Patient Name:	Today’s Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>
	Distributor:

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient has the following diagnosis:	
Sickle Cell Disease	<input type="checkbox"/>

Please check off that the patient meets ALL the following criteria:

1. At least 12 years of age; AND	<input type="checkbox"/>
2. Must have a documented genetic test confirming diagnosis of sickle cell disease with genotype of $\beta S/\beta S$, $\beta S/\beta 0$, $\beta S/\beta +$; AND (additional genotypes will be considered on an individual consideration basis based on disease severity)	<input type="checkbox"/>
3. Have a history of at least 4 severe vaso-occlusive crises in the past 24 months; AND	<input type="checkbox"/>
4. Does not have a known 10/10 human leukocyte antigen-matched related donor willing to participate in an allogeneic HSCT; AND	<input type="checkbox"/>
5. Has no history of receiving allogeneic hematopoietic stem cell transplant; AND	<input type="checkbox"/>
6. Does not have advanced liver disease; AND	<input type="checkbox"/>
7. Have a negative serologic test for HIV infection; AND	<input type="checkbox"/>
8. Have no active bacterial, fungal, parasitic, or viral infection, including active/uncontrolled HBV and HCV; AND	<input type="checkbox"/>
9. Have no history of receiving gene therapy or under consideration for treatment with another gene therapy for sickle cell disease	<input type="checkbox"/>

HCPCS Code Description	
Codes	
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs
J3590	Unclassified biologics

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>

Providers should enter other relevant code(s) below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>