

Provider Notification of Policy Criteria Change					
Policy Title	Policy Number	Criteria Change	Material Amendment	Effective Date	Link to Full Policy
Self-Administered Medication	2020005	Added Esketamine (J0013), Furosemide (J3490), Plozasiran (J3490), and Sibemprelimab (J3590) to self-administered medication list.	No	3/30/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2020005">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2020005</a>
Exagamglobine autotemcel (e.g., Casgevy)	2024013	<p>Coverage criteria regarding previous transfusions in Beta-thalassemia were edited to add option of receiving transfusions of greater than or equal to 10 units packed red blood cells per year.</p> <p><b><u>BETA THALASSEMIA</u></b></p> <ol style="list-style-type: none"> <li>1. Individual is at least 12 years of age (Casgevy, 2024); <b>AND</b></li> <li>2. Individual has a documented diagnosis of Beta-thalassemia as evidenced by one of the following genotypes by globin gene testing (Casgevy, 2024): <ul style="list-style-type: none"> <li>a. Beta0/Beta0; <b>OR</b></li> <li>b. Beta0/Beta0 – like (see policy guidelines); <b>OR</b></li> <li>c. Non-Beta0/Beta0 (see policy guidelines); <b>AND</b></li> </ul> </li> <li>3. Individual requires regular peripheral blood transfusions to maintain target hemoglobin levels as defined by documentation of the following: <ul style="list-style-type: none"> <li>a. History of receiving transfusions of greater than or equal to 10 units packed red blood cells per year; <b>OR</b></li> <li>b. History of receiving greater than or equal to 8 transfusions per year in the prior 2 years at the time of treatment decision (Frangoul, 2023; Locatelli, 2022); <b>OR</b></li> <li>c. History of receiving transfusions of greater than or equal to 100 ml per kilogram of body weight of packed red blood cells per year; <b>AND</b></li> </ul> </li> <li>4. <i>Applicable only to individuals less than 18 years of age:</i> Individual does not have a known 10/10 human leukocyte antigen (HLA) matched related donor willing to</li> </ol>	No	3/30/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024013">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024013</a>

		<p>participate in an allogeneic HSCT (Frangoul, 2023) (Kassim, 2024); <b>AND</b></p> <p>5. Individual has not received allogenic hematopoietic stem cell transplant (Casgevy, 2024); <b>AND</b></p> <p>6. Individual meets the institutional requirements for a stem cell transplant procedure where the individual is expected to receive gene therapy (see policy guidelines):</p> <ul style="list-style-type: none"> <li>a. Adequate Karnofsky performance status or Lansky performance status</li> <li>b. Absence of advanced liver disease</li> <li>c. Adequate estimated glomerular filtration rate (eGFR)</li> <li>d. Adequate diffusing capacity of the lungs for carbon monoxide (DLCO)</li> <li>e. Adequate left ventricular ejection fraction (LVEF)</li> <li>f. Absence of clinically significant active infection(s)</li> </ul> <p>7. Individual does not have a history of receiving gene therapy or is not under consideration for treatment with another gene therapy for beta thalassemia.</p>			
Lovotibeglogene autotemcel (e.g., Lyfgenia)	2024014	<p>Coverage criteria regarding exclusion of prior or current malignancy or immunodeficiency were edited to add exception of melanoma skin cancers per study protocol.</p> <p>1. Individual is at least 12 years of age (Lyfgenia, 2023); <b>AND</b></p> <p>2. Individual has a documented diagnosis of sickle cell disease confirmed by testing demonstrating one of the following (Lyfgenia, 2023):</p> <ul style="list-style-type: none"> <li>a. Homozygous sickle cell disease (e.g., HbSS); <b>OR</b></li> <li>b. Heterozygous sickle cell disease (e.g., HbSC, HbSBeta+, HbSBeta0, HbSD, HbSOArab, HbSE); <b>AND</b></li> </ul> <p>3. Individual has a history of recurrent vaso-occlusive crises (VOCs) as evidenced by greater than or equal to 4 severe VOC(s) in</p>	No	3/30/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024014">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024014</a>

		<p>the most recent 24 months (see policy guidelines for a definition of VOC) (Lyfgenia, 2023); <b>AND</b></p> <p>4. <i>Applicable only to individuals less than 18 years of age:</i> Individual does not have an available and willing matched HLA-identical sibling hematopoietic cell donor (Kanter, 2022) (Kassim 2024); <b>AND</b></p> <p>5. Individual has not received allogenic hematopoietic stem cell transplant (Lyfgenia, 2023); <b>AND</b></p> <p>6. Individual meets the institutional requirements for a stem cell transplant procedure where the individual is expected to receive gene therapy (see policy guidelines):</p> <ul style="list-style-type: none"><li>a. Adequate Karnofsky performance status or Lansky performance status</li><li>b. Absence of advanced liver disease</li><li>c. Adequate estimated glomerular filtration rate (eGFR)</li><li>d. Adequate diffusing capacity of the lungs for carbon monoxide (DLCO)</li><li>e. Adequate left ventricular ejection fraction (LVEF)</li><li>f. Absence of clinically significant active infection(s)</li></ul> <p>7. Individual does not have a history of receiving gene therapy or under consideration for treatment for another gene therapy for sickle cell disease; <b>AND</b></p> <p>8. Individual does not have any of the following:</p> <ul style="list-style-type: none"><li>a. Any prior or current malignancy or immunodeficiency disorder with the exception of non-melanoma skin cancers; <b>OR</b></li><li>b. Any immediate family member with a known or suspected Familial Cancer Syndrome (including but not limited to hereditary breast and ovarian cancer syndrome, hereditary non-polyposis colorectal cancer syndrome, and familial adenomatous polyposis).</li></ul>			
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