

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
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Lyfgenia (Lovotibeglogene autotemcel)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR FOR ONE INFUSION

REVIEW CRITERIA:

Coverage is provided when ALL the following criteria are met:

- Patient is at least 12 years of age; **AND**
- Patient has a confirmed diagnosis of sickle-cell disease with βS/βS or βS/β0 or βS/β+ genotypes; AND
 - Additional genotypes will be considered on an Individual Consideration (IC) basis based on disease severity.
- Patient does not have a contraindication to the prescribed medication; AND
- Patient does not have a clinically suitable, known & available 10/10 human leukocyte antigen matched sibling donor willing to participate in an allogeneic hematopoietic stem cell transplant; **AND**
- Patient has not received other gene therapy or an allogeneic hematopoietic stem cell transplant; AND
- Patient is prescribed Lyfgenia (lovotibeglogene autotemcel) by a specialist at a qualified treatment center for Lyfgenia (lovotibeglogene autotemcel); **AND**
- Patient has history of intolerance or failure of hydroxyurea treatment OR patient use of hydroxyurea is contraindicated; AND
- Prior to treatment, patient must have had at least 4 severe vaso-occlusive crisis (VOC) events in the
 previous 2 years OR is currently receiving chronic red blood cell (RBC) transfusion therapy for the
 prevention of severe vaso-occlusive episodes; AND
 - Severe VOC is defined as an occurrence of at least one of the following events <u>requiring an</u>
 evaluation at a medical facility with no medically determined cause other than vaso-occlusion
 requiring administration of pain medications such as opioids or intravenous (IV) non-steroidal
 anti-inflammatory drugs (NSAIDs) or RBC transfusions:
 - Acute pain
 - Acute chest syndrome
 - Acute hepatic sequestration
 - Priapism > 2 hours
 - Splenic sequestration
- Patient has a negative serologic test for HIV infection