

<input type="checkbox"/> i. <input type="checkbox"/> ii.	Patient meets ONE of the following (i or ii): i. Patient does not have a Human Leukocyte Antigen (HLA)-matched donor ii. Patient has an HLA-matched donor, but the individual is not able or is not willing to donate
<input type="checkbox"/> i. <input type="checkbox"/> ii.	Patient has ONE of the following genotypes as confirmed by genetic testing (i or ii): i. Non- β^0/β^0 genotype [documentation required] <i>Note: Examples include β^0/β^+, β^E/β^0, and β^+/β^+</i> ii. β^0/β^0 genotypes [documentation required] <i>Note: Other examples include $\beta^0/\beta^+(IVS-I-110)$ and $\beta^+(IVS-I-110)/\beta^+(IVS-I-110)$</i>
<input type="checkbox"/> i. <input type="checkbox"/> ii.	Patient is transfusion-dependent, as defined by meeting ONE of the following (i or ii): i. Receipt of transfusions of ≥ 100 mL of packed red blood cells per kg of body weight per year in the previous 2 years [documentation required] ii. Receipt of transfusions of ≥ 10 units of packed red blood cells per year in the previous 2 years [documentation required]
<input type="checkbox"/> i. <input type="checkbox"/> ii.	Patient meets BOTH of the following (i and ii): i. Patient has been evaluated for the presence of severe iron overload [documentation required] ii. Patient does not have evidence of severe iron overload <i>Note: Examples include abnormal myocardial iron results (a T2*-weighted magnetic resonance imaging measurement of myocardial iron of less than 10 msec); high liver iron concentration (≥ 15 mg/g); liver biopsy results suggest abnormalities; or clinical evidence of organ damage (e.g., endocrine comorbidities).</i>
<input type="checkbox"/>	Patient does not currently have an active bacterial, viral, fungal, or parasitic infection
<input type="checkbox"/> i. <input type="checkbox"/> ii.	Patient does not have the following (i and ii): i. Prior or current malignancy, myeloproliferative disorder, or significant immunodeficiency disorder <i>Note: This does not include adequately treated cone biopsied in situ carcinoma of the cervix uteri and basal or squamous cell carcinoma of the skin.</i> ii. Advanced liver disease [documentation required] <i>Note: Examples include alanine transaminase or aspartate transaminase greater than three times upper limit of normal, direct bilirubin value greater than three times upper limit of normal, active hepatitis, extensive bridging fibrosis, or cirrhosis.</i>
<input type="checkbox"/>	According to the prescribing physician, patient will have been discontinued from iron chelation therapy for at least 7 days prior to myeloablative conditioning <i>Note: Examples of iron chelators used for this condition include deferoxamine injection, deferiprone tablets or solution, and deferasirox tablets.</i>
<input type="checkbox"/> i. <input type="checkbox"/> ii. <input type="checkbox"/> iii. <input type="checkbox"/> iv.a. <input type="checkbox"/> iv.b.	According to the prescribing physician, patient meets ALL of the following (i, ii, iii, and iv): i. Patient will undergo mobilization, apheresis, and myeloablative conditioning ii. A granulocyte-colony stimulating factor product and a hematopoietic stem cell mobilizer will be utilized for mobilization <i>Note: Filgrastim products are examples of a granulocyte-colony stimulating factor therapy and Mozobil (plerixafor subcutaneous injection) is an example of a hematopoietic stem cell mobilizer.</i> iii. Busulfan will be used for myeloablative conditioning iv. Total hemoglobin level is ≥ 11 g/dL at BOTH of the following timepoints (a and b): a) Prior to mobilization b) Prior to myeloablative conditioning
<input type="checkbox"/> i. <input type="checkbox"/> ii. <input type="checkbox"/> iii. <input type="checkbox"/> iv.	Patient screening is negative for ALL of the following (i, ii, iii, and iv): i. Human immunodeficiency virus-1 and -2 [documentation required] ii. Hepatitis B virus [documentation required] iii. Hepatitis C virus [documentation required] iv. Human T-lymphotropic virus-1 and -2 [documentation required]
<input type="checkbox"/> i.a. <input type="checkbox"/> i.b. <input type="checkbox"/> ii.	According to the prescribing physician, a patient of reproductive potential meets ONE of the following (i or ii): i. A female† of reproductive potential meets BOTH of the following (a and b): a) A negative serum pregnancy test will be confirmed prior to the start of each mobilization cycle and re-confirmed prior to myeloablative conditioning b) Patient will use an effective method of contraception from the start of mobilization through at least 6 months after administration of Casgevy ii. A male† of reproductive potential will use an effective method of contraception from the start of mobilization through at least 6 months after administration of Casgevy <i>Note: The symbol (†) is noted next to the specified gender. In this context, the specified gender is defined as follows: females/males are defined as individuals with the biological traits of a woman/man, regardless of the individual's gender identity or gender expression.</i>
<input type="checkbox"/>	The medication is prescribed by a hematologist or a stem cell transplant physician
<input type="checkbox"/>	Current patient body weight has been obtained within 30 days [documentation required] Date obtained:
<input type="checkbox"/>	Prior Hematopoietic Stem Cell Transplantation.
<input type="checkbox"/>	Prior Receipt of Gene Therapy
<input type="checkbox"/>	Concurrent Use with Aqvesme™ (mitapivat tablets)
<input type="checkbox"/>	Concurrent Use with Reblozyl® (luspatercept-aamt subcutaneous injection)

If any of the requirements listed above are not met and you feel administration of the requested gene therapy is medically necessary, please provide clinical support and rationale for the use of this gene therapy.

Additional pertinent information: (including recent history and physical, recent lab work, disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently)

Additional CPT and/or Administration Codes for Billing.

Cell Collection

- 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
- 38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
- Other

Select applicable G-CSF (Cigna preferencing may apply). Include dose, quantity, duration

- J2562 Injection, plerixafor, 1mg (Mozobil) Plus
- J1442 Injection, filgrastim (G-CSF), excludes biosimilar, 1 mcg
- J1447 Injection, tbo-filgrastim, 1 mcg
- Q5101 Injection, filgrastim-sndz, biosimilar (Zarxio), 1 mcg
- Q5110 Injection, filgrastim-aafi, biosimilar (Nivestym), 1 mcg
- Other

Conditioning Regimen

- J0594 Injection, bulsulfan, 1 mg
- Other

Please indicate any other CPT codes that will be billed for administration.

- Other

Agreement and Attestation:

Do you and your patient agree to share any required plan specific outcome measures? Yes No

I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Coverage Policies online at cigna.com.

v033026

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance Company and Cigna Health Management, Inc. Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005