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Lyfgenia Clinical Authorization Criteria

- Confirmatory genetic testing; **AND**
- Failure or intolerance to hydroxyurea (defined as being unable to take hydroxyurea per health care professional judgment) at any point in the past.; **AND**
- Age twelve (12) years and older at the expected time of gene therapy administration; **AND**
- Clinically stable and fit for transplantation; **AND**
- Prescribed by or in consultation with a board-certified hematologist with Sickle Cell Disease expertise; **AND**
- Either a or b (based on provider attestation):
 - a) Currently receiving chronic transfusion therapy for recurrent Vaso-Occlusive Events (VOEs); **OR**
 - b) Experienced two (2) or more VOEs in the previous twenty-four (24) months as determined by the Eligible Beneficiary's treating clinician.; **AND**
- Eligible Beneficiary's Treatment Center has a Sickle Cell Center; **AND**
- Authorization will be approved for 1 year if the patient meets all of the above criteria.

