

JANUARY 2026

KMAP GENERAL BULLETIN 25312

Kansas Medicaid Value/Outcomes-Based Agreement – Casgevy®

Effective January 1, 2026, Kansas Medicaid will participate in the Centers for Medicare and Medicaid Services (CMS) Cell and Gene Therapy (CGT) Access Model. Under this model, Kansas Medicaid will have a Value/Outcomes-Based Agreement (VOBA) contract with Vertex for their sickle cell gene therapy, Casgevy®.

Key Provider Requirements:

1. Authorized Treatment Centers:

Casgevy® can only be administered at CMS-authorized treatment centers. Currently, two centers are enrolled in KMAP:

- a. University of Kansas Medical Center
- b. Children's Mercy Hospital

Providers can locate additional authorized centers at:

<https://www.casgevy.com/sickle-cell-disease/find-an-atc>.

2. Registry Participation:

Providers must enroll in the CMS-designated patient registry (CIBMTR, Center for International Blood and Marrow Transplant Research) and participate in the study related to this model.

3. Continuity of Care:

- a. Prior authorizations for Casgevy® and related services must be honored across FFS and MCO transitions.
- b. Members must retain access to the same provider for at least one-year post-infusion.

4. Prior Authorization (PA):

PA requests comply with existing and future requirements.

- a. Refer to Carve Out Drug policy and hospital billing guidelines published on [General Provider Bulletin 25283](#).
- b. For Casgevy® approved PA criteria information, refer to <https://www.kdhe.ks.gov/DocumentCenter/View/36016/Sickle-Cell-Gene-Therapy-PDF>.

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5. Billing and Reimbursement:

- a. Casgevy® must not be billed on inpatient claims.
- b. The NDC for Casgevy® must be included on all claims.
- c. Casgevy® purchased through the 340B Program cannot be used for Kansas Medicaid members under this model.
- d. Reimbursement will follow state plan and MCO contract requirements.
- e. Casgevy® will be reimbursed separately from ancillary services.
- f. Approval to pay for all Casgevy® treatments is contingent upon provider participation in the patient registry (CIBMTR) and study related to this model.

Note: The effective date of the policy is January 1, 2026. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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