Drug Coverage Policy

Effective Date.....10/1/2026
Coverage Policy Number.....IP0817
Policy Title.....Hematology - Omisirge

Hematology - Omisirge

- Omisirge® (omidubicel-onlv intravenous infusion – Gamida)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW
Omisirge, a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood, is indicated for the treatment of:[1]

- Patients with hematologic malignancies who are planning to undergo umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and the incidence of infection in adults and pediatric patients ≥ 12 years of age.
- Patients with severe aplastic anemia (SAA) following reduced intensity conditioning in adults and pediatric patients ≥ 6 years of age.

Disease Overview
Stem cell transplantation is used to treat various hematologic malignancies and involves placing healthy stem cells into the patient to restore the normal production and function of blood cells.[2-6] Umbilical cord blood is one source of healthy stem cells used for allogeneic transplantation; others can be obtained from peripheral blood or bone marrow. After birth, the blood present in the umbilical cord and placenta contains valuable hematopoietic stem cells that are typically discarded as medical waste. However, through donation, umbilical cord blood cells can be stored and used later for patients with conditions such as hematologic malignancies. Around 70% of patients do not have an optimal matched family donor; therefore, cells can be obtained from an unrelated donor. Patients who are non-White generally have more difficulties finding a suitable donor.

Aplastic anemia (SAA) is a rare and heterogenous disease; it is defined as pancytopenia with a hypocellular bone marrow in the absence of abnormal infiltrate or marrow fibrosis.[7] The majority of cases (70% to 80%) are idiopathic. The remainder mainly consist of inherited bone marrow failure syndromes. Patients commonly present with symptoms of anemia and thrombocytopenia. To diagnose AA, there must be at least two of the following: hemoglobin concentration < 100 g/L, platelet count < 50 x 10^9/L, and neutrophil count < 1.5 x 10^9/L. SAA is defined as marrow cellularity < 25% (or 25% to 50% with < 30% residual hematopoietic cells) and at least two of the following: neutrophil count < 0.5 x 10^9/L; platelet count < 20 x 10^9/L; reticulocyte count < 60 x 10^9/L.

Dosing Information
Omisirge is given as a single intravenous dose.[1] Omisirge is provided in two bags containing the two cryopreserved cell fractions (i.e., cultured fraction and non-cultured fraction). After it is made from the umbilical cord blood donor source, which takes about 21 days, Omisirge is shipped to the transplant center for a specific patient.

Guidelines
The National Comprehensive Cancer Network guidelines for hematopoietic cell transplantation (version 3.2025 – September 24, 2025) address Omisirge.[2] The guidelines note that if umbilical cord blood transplantation is being used, Omisirge has been demonstrated to shorten the time to engraftment and reduce the risk of some infections. In a Phase III trial, the median time to neutrophil engraftment for umbilical cord blood transplantation with Omisirge was only 12 days compared with 22 days for standard umbilical cord blood transplantation. Also, platelet recovery was shorter in the Omisirge arm (55% vs. 35% recovery at 42 days). Grade 2 to 3 bacterial or invasive fungal infections were also less common in the Omisirge group (37% vs. 57%).

Omisirge is not yet addressed in guidelines or consensus recommendations for aplastic anemia. Guidelines from the British Society for Haematology (BSH) [2024] for aplastic anemia focus on immunosuppressive therapy or allogeneic hematopoietic stem cell transplantation (HSCT) from a matched sibling donor.[7] Immunosuppressive therapy consists of horse anti-thymocyte globulin (ATG) combined with cyclosporine with or without eltrombopag. Consensus recommendations for the management of severe aplastic anemia (2024) contain similar recommendations.[8] The panel recommends assessing age, severity of disease, and the availability of a histocompatible donor initially. Patients ≤ 40 years of age with an HLA-matched sibling donor are recommended

to undergo a matched-related donor allogeneic HSCT. Those without a histocompatible donor, those not eligible for HSCT, or patients > 40 years of age are recommended to receive horse ATG + cyclosporine, with or without eltrombopag. Recommendations are also made for patients unresponsive to initial medical therapy or patients who present with relapsed disease.

Safety
Omisirge has a Boxed Warning regarding infusion reactions, graft versus host disease, engraftment syndrome, graft failure, and autoimmune cytopenias.[1]

Coverage Policy

POLICY STATEMENT
Prior Authorization is required for coverage of Omisirge. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for one dose. The approval duration is 6 months to allow for an adequate timeframe to prepare and administer one dose of therapy.

Omisirge is considered medically necessary when ONE of the following are met (1 or 2):

FDA-Approved Indication

1. **Umbilical Cord Blood Transplantation.** Approve for one dose if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 12 years of age; AND
   - **B)** Patient has a hematologic malignancy; AND
     Note: Examples of hematologic malignancies are acute myelogenous leukemia, acute lymphoblastic leukemia, and chronic myeloid leukemia.
   - **C)** Omisirge is prescribed by or in consultation with a hematologist, oncologist, transplant specialist physician, or a physician associated with a transplant center.

   Dosing. Approve a single dose of Omisirge given by intravenous infusion.
   Note: Omisirge is provided in two separate bags containing the two cryopreserved cell fractions (i.e., cultured fraction and non-cultured fraction).

2. **Aplastic Anemia.** Approve for one dose if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 6 years of age; AND
   - **B)** Patient has undergone reduced intensity conditioning treatment; AND
   - **C)** Patient meets ONE of the following (i or ii):
     - **i.** Patient has tried at least one immunosuppressant therapy; OR
       Note: Examples of immunosuppressant therapies include cyclosporine, Atgam (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution for intravenous use only), mycophenolate mofetil, or sirolimus.
     - **ii.** Patient has an intolerance to immunosuppressant therapy; AND
   - **D)** Omisirge is prescribed by or in consultation with a hematologist.

   Dosing. Approve a single dose of Omisirge given by intravenous infusion.
   Note**:** Omisirge is provided in two separate bags containing the two cryopreserved cell fractions (i.e., cultured fraction and non-cultured fraction).

Conditions Not Covered

Omisirge for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	**Description**
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor

HCPCS Codes	**Description**
C9399	Unclassified drugs or biologicals (Code effective until 09/30/2026)
J3406	Injection, omidubicel-onlv, per therapeutic dose
J3490	Unclassified drugs (Code effective until 09/30/2026)
J3590	Unclassified biologics (Code effective until 09/30/2026)

***Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.**

References

1. Omisirge® intravenous infusion [prescribing information]. Boston, MA: Gamida; December 2025.
2. The NCCN Hematopoietic Cell Transplantation (HCT) Guidelines in Oncology (version 3.2025 – September 24, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 11,2025.
3. Bazinet A, Popradi G. A general practitioner's guide to hematopoietic stem-cell transplantation. *Curr Oncol*. 2019;26(3):187-191.
4. Sanchez-Petitto G, Rezvani K, Daher M, et al. Umbilical cord blood transplantation: connecting its origin to its future. *Stem Cells Transl Med*. 2023;12(2):55-71.
5. Gandhi AP, Newell LF, Maziarz RT. A new beginning: can omidubicel emerge as the next viable alternative donor source? *Ther Adv Hematol*. 2023;14:1-14.
6. Dehn J, Spellman S, Hurley CK, et al. Selection of unrelated donors and cord blood units for hematopoietic cell transplantation: guidelines from the NMDP/CIBMTR. *Blood*. 2019;134(12):924-934.

7. Kulasekararaj A, Cavenagh J, Dokal I, et al, on behalf of the British Society of Hematology. Guidelines for the diagnosis and management of adult aplastic anemia: a British Society for Hematology Guideline. *Br J Haematol*. 2024;204:784-804.
8. Scheinberg P and Kulasekararaj A. Consensus recommendations for severe aplastic anemia. *Blood Advances*. 2024;8(21):5719-5720.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	7/9/2026	8/1/2026
Coding Information **Added** HCPCS J3406 **Updated** the description for C9399 J3490 & J3590 to include the note "Code effective until 09/30/2026"	"-"	10/1/2026

The policy effective date is in force until updated or retired.

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