

MEDICAL POLICY

Waskyra® (etuvetidigene autotemcel)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Waskyra is indicated for the treatment of pediatric patients aged 6 months and older and adults with Wiskott-Aldrich Syndrome (WAS) who have a mutation in the WAS gene and for whom hematopoietic stem cell transplantation (HSCT) is appropriate and no suitable human leukocyte antigen (HLA)-matched related stem cell donor is available.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. Genetic testing results demonstrating a pathogenic variant in the WAS gene.
2. Chart notes, medical records, or lab results documenting either of the following:
 - A. Flow cytometry results showing level of Wiskott-Aldrich Syndrome Protein (WASP) expression.
 - B. Zhu clinical score confirming severe clinical phenotype (score greater than or equal to 3, see Appendix A).

Prescriber Specialties

This medication must be prescribed by or in consultation with an immunologist, hematologist, or physician who specializes in the treatment of Wiskott-Aldrich Syndrome (WAS).

Criteria for Initial Approval

Wiskott-Aldrich Syndrome (WAS)

Authorization of 3 months for a one-time administration may be granted for treatment of Wiskott-Aldrich Syndrome when all of the following criteria are met:

1. Member is 6 months of age or older.
2. Member has a diagnosis of Wiskott-Aldrich Syndrome (classic WAS) confirmed by the presence of a pathogenic variant in the WAS gene and either of the following:
 - A. Absent or truncated Wiskott-Aldrich Syndrome protein (WASP) expression assessed by flow cytometry, or
 - B. Severe clinical phenotype (Zhu clinical score greater than or equal to 3, see Appendix A).
3. Member is an appropriate candidate for hematopoietic stem cell transplant (HSCT), and meets either of the following criteria:
 - A. Member is 5 years of age or older and has no human leukocyte antigen (HLA)-identical sibling donor.
 - B. Member is less than 5 years of age and has no HLA-identical sibling donor, suitable 10/10 HLA matched unrelated donor, or 6/6 HLA matched unrelated cord blood donor.
4. Member does not have evidence of residual cells of donor origin if the member has received a prior allogeneic hematopoietic stem cell transplant (allo-HSCT) and has not received allo-HSCT in the past 6 months.
5. Member is negative for human immunodeficiency virus (HIV) and hepatitis C infection.
6. Member does not have acute or chronic stable hepatitis B.
7. Member does not have symptomatic herpes zoster that is unresponsive to specific treatment.
8. Member does not have evidence of acute tuberculosis.
9. Member is not affected by malignant neoplasia (except local skin cancer).
10. Member does not have a documented history of hereditary cancer syndrome.
11. Member is not affected by cytogenetic alterations typical of myelodysplastic syndrome or acute myelogenous leukemia.
12. Member is not affected by end-organ dysfunction, severe active infection, or any other severe disease that, in the opinion of the provider, would make the member an inappropriate candidate for treatment with the requested medication.
13. Member will be assessed and monitored for evidence of engraftment failure, cytopenia, infection, hepatic veno-occlusive disease, and malignancies as outlined in the manufacturer's prescribing information.
14. Member has not received Waskyra or any other gene therapy previously.

APPENDIX

Appendix A: WAS-Related Disorders: Zhu Clinical Scoring System

XLN = X-linked neutropenia; XLT = X-linked thrombocytopenia

Feature					Score	Phenotype
Thrombocytopenia	Eczema	Immunodeficiency	Autoimmune Disorders	Malignancy		
Absent	Absent	Absent	Absent	Absent	0	XLN / myelodysplasia
Present	Absent	Absent	Absent	Absent	1	XLT
Present	Mild or transient	Infrequent infections	Absent	Absent	2	
Present	Persistent but responsive	Recurrent infections	Absent	Absent	3	Wiskott-Aldrich Syndrome

Present	Severe, not controlled	Severe infections	Absent	Absent	4	
Present	Any	Any	Present	Present	5	XLTL/Wiskott-Aldrich syndrome w/autoimmunity &/or malignancy

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J3590 – Unclassified biologics
- J3490 – Unclassified drugs
- C9399 – Unclassified drugs or biologicals

REFERENCES

Waskyra [package insert]. Rome, Italy: Fondazione Telethon ETS.; December 2025.

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Chandra S, Nagaraj CB, Sun M, et al. WAS-Related Disorders. 2004 Sep 30 [Updated 2024 Aug 15]. In: Adam MP, Bick S, Mirzaa GM, et al., editors. *GeneReviews®* [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1178/> Internal References.

Bosticardo M, Marangoni F, Aiuti A, Villa A, Grazia Roncarolo M. Recent advances in understanding the pathophysiology of Wiskott-Aldrich syndrome. *Blood.* 2009;113(25):6288-6295. doi:10.1182/blood-2008-12-115253

POLICY HISTORY

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Reviewed:

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