Field Name	Field Description
Prior Authorization Group Description	**Omisirge**
Drugs	**Omisirge (omidubicel-onlv)**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Patient has previously received this medication
Required Medical Information	See "Other Criteria"
Age Restrictions	According to package insert
Prescriber Restrictions	Prescribed by or in consultation with an oncologist
Coverage Duration	If all the criteria are met, the initial request will be approved for a one-time treatment.
Other Criteria Review/Revision Date: 7/2025~~7/2024~~	****Drug is being requested through the member's medical benefit**** **<u>Initial Authorization:</u>** • Patient has a hematologic malignancy planned for umbilical cord blood transplantation (UCBT) following myeloablative conditioning • Prescriber attests that the patient is eligible for myeloablative allogeneic hematopoietic stem cell transplantation (HSCT) AND does not have a readily available matched related donor, matched unrelated donor, mismatched unrelated donor, or haploidentical donor • Patient has not received a prior allogenic HSCT • Patient does not have known allergy to dimethyl sulfoxide (DMSO), Dextran 40, gentamicin, human serum albumin, or bovine material **The safety and effectiveness of repeat administration of Omisirge have not been evaluated and will not be approved.** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**