ALASKA MEDICAID Prior Authorization Criteria

Hemgenix

(Etranacogene dezaparvovec-drlb)

FDA INDICATIONS AND USAGE¹

HemgenixTM is an adeno-associated virus vector-based gene therapy indicated for the treatment of adults with hemophilia B (congenital Factor IX deficiency) who:

- 1. Currently use Factor IX prophylaxis therapy, **OR**
- 2. Have current or historical life-threatening hemorrhage, **OR**
- 3. Have repeated, serious spontaneous bleeding episodes.

APPROVAL CRITERIA^{1,2,3}

- 1. Patient is 18 years of age or older **AND**;
- 2. Prescribed by or in consultation with a hematologist **AND**;
- 3. Patient has the diagnosis of hemophilia B meeting one of the above listed FDA indications **AND**:
- 4. Patient has moderate to severe disease as defined by factor IX levels ≤2% of normal or <2IU/dl AND;
- 5. Patient has had >150 previous exposure days to factor IX AND;
- 6. Patient must have no history of inhibitors to factor IX, and a screen performed within two weeks prior to administration must be negative as defined as ≤ 0.5 Bethesda units AND;
- 7. Patient has had a hepatic ultrasound and elastography performed prior to administration.

DENIAL CRITERIA 1,3

- 1. Failure to meet approval criteria **OR**;
- 2. Patient currently has an active hepatitis B or hepatitis C infection **OR**;
- 3. Patient currently has an uncontrolled HIV infection **OR**;
- 4. Evidence of advanced hepatic impairment is present **OR**;
- 5. Patient has been previously treated with gene therapy for hemophilia B.

CAUTIONS¹

- Monitor transaminase levels once weekly for three months following administration to monitor for possible hepatotoxicity.
- Patients with preexisting risk factors for hepatocellular carcinoma should be monitored regularly for elevated alpha-fetoprotein (AFP) and receive abdominal ultrasound screenings for five years following administration.

DURATION OF APPROVAL

- Initial Approval: 3 months
 - No reauthorization will be approved.

HemgenixTM Criteria Version: 1 Original: 1/25/2023

Accepted: 4/21/2023 Effective: 6/1/2023

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OUANTITY LIMIT

• One infusion per lifetime.

• HCPCS: J3590

REFERENCES / FOOTNOTES:

- 1. Hemgenix (etranacogene dezaparvovec-drlb) [package insert]. Lexington, MA: uniQure, Inc.; November 2022
- 2. Tice JA, Walton S, Herce-Hagiwara B, Fahim SM, Moradi A, Sarker J, Chu J, Agboola F, Pearson SD, Rind DM. Gene Therapy for Hemophilia B and An Update on Gene Therapy for Hemophilia A: Effectiveness and Value; Evidence Report. Institute for Clinical and Economic Review, December 22, 2022. https://icer.org/assessment/hemophilia-a-and-b-2022
- 3. HOPE-B Clinical Trial Protocol, Version 8.0 (Amendment 7.0). February 2022. Phase III trial of AMT-061 in subjects with severe or moderately severe hemophilia B. Available at https://clinicaltrials.gov/ProvidedDocs/91/NCT03569891/Prot 000.pdf.

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