

Beqvez® (fidanacogene elaparvovec-dzkt)

When requesting Beqvez® (fidanacogene elaparvovec-dzkt), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Beqvez is indicated for the treatment of adults with moderate to severe hemophilia B (congenital Factor IX deficiency) who:

- currently use Factor IX prophylaxis therapy; or
- have current or historical life-threatening hemorrhage; or
- have repeated, serious spontaneous bleeding episodes; and
- do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test

Coverage Guidelines

Hemophilia B

The individual must meet all of the following criteria for authorization:

- Is male;
- Is 18 years of age or older;
- Has not received a gene therapy for hemophilia B in the past (*Note: If no claim for Beqvez or Hemgenix is present (or if claims history is not available), the prescribing physician confirms that the patient has not previously received Beqvez or Hemgenix*);
- Has moderately severe or severe hemophilia B as evidenced by a baseline (without Factor IX replacement therapy) Factor IX level of $\leq 2\%$ of normal;
- Meets one of the following:
 - o Has a history of use of Factor IX therapy for at least 150 exposure days; OR
 - o Has a history of life-threatening hemorrhage and on-demand use of Factor IX therapy was required for this life-threatening hemorrhage; OR
 - o Has a history of repeated, serious spontaneous bleeding episodes and on-demand use of Factor IX therapy was required for these serious spontaneous bleeding episodes;
- Does not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid by an approved test;
- Meets ALL of the following:
 - o Factor IX inhibitor titer testing has been performed within the last 30 days;
 - o Patient is negative for Factor IX inhibitors;
 - o Does not have a history of Factor IX inhibitors;

- Prophylactic therapy with Factor IX will not be given after Beqvez administration once adequate Factor IX levels have been achieved (*Note: Use of episodic Factor IX therapy is acceptable for the treatment of bleeds and for surgery/procedures if needed as determined by the hemophilia specialist physician*);
- Meets BOTH of the following:
 - o Does not have an active infection with hepatitis B virus or hepatitis C virus;
 - o Is not currently receiving antiviral therapy for a prior hepatitis B virus or C virus exposure;
- Does not have uncontrolled human immunodeficiency virus infection;
- Has undergone liver function testing within the last 30 days and meets all of the following:
 - o Alanine aminotransferase level is $\leq 2x$ the upper limit of normal (ULN); AND
 - o Aspartate aminotransferase level is $\leq 2x$ the ULN; AND
 - o Total bilirubin level is $\leq 1.5x$ the ULN; AND
 - o Alkaline phosphatase level is $\leq 2x$ the ULN ;
- Does not have evidence of advanced liver impairment and/or advanced fibrosis (*Note: for example, liver elastography [e.g., ≥ 9 kPA] suggestive of or equal to METAVIR Stage 3 disease*);
- The platelet count was $\geq 100 \times 10^9/L$ within the last 30 days
- Creatinine level is ≤ 2.0 mg/dL within the last 30 days;
- The current body weight has been obtained within the last 30 days;
- Beqvez is prescribed by a hemophilia specialist physician.

Approval Duration: One time (per lifetime)

Dosing Recommendation

Beqvez is for single-use intravenous infusion only.

The recommended dose of Beqvez is 5×10^{11} genome copies per kilogram of body weight administered as an intravenous infusion.

References

1. Beqvez™ intravenous infusion [prescribing information]. New York, NY: Pfizer; April 2024.
2. National Bleeding Disorders Foundation. Hemophilia B. An overview of symptoms, genetics, and treatments to help you understand hemophilia B. Available at: <https://www.hemophilia.org/bleeding-disorders-a-z/types/hemophilia-b>. Accessed on May 3, 2024.
3. Sidonio RF, Malec L. Hemophilia (Factor IX deficiency). *Hematol Oncol Clin N Am*. 2021;35:1143-1155.
4. Mancuso ME, Mahlangu JN, Pipe SW. The changing treatment landscape in haemophilia: from standard half-life clotting factor concentrates to gene editing. *Lancet*. 2021;397:630-640.
5. Croteau SE. Hemophilia A/B. *Hematol Oncol Clin N Am*. 2022;36:797-812.