Mass General Brigham
Health Plan

Hemgenix
(etranacogene dezaparvovec-drlb)

Policy Number: 067

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X	X	X
No Prior Authorization			
Not covered			

Hemgenix is an adeno-associated virus vector-based gene therapy indicated for the treatment of patients with Hemophilia B (congenital Factor IX [FIX] deficiency).

Criteria

1. Criteria for Initial Approval
   Authorization of a single treatment may be granted to biologic male (or male assigned at birth) members 18 years of age or older for treatment of moderately severe or severe Hemophilia B (congenital Factor IX deficiency documented FIX activity level ≤ 2% of normal) when **ALL** of the following criteria are met:
   A. Documentation of Hemophilia B (congenital FIX deficiency) as established by meeting one of the following:
      i. Currently use FIX prophylaxis therapy, or
      ii. Baseline Annualized bleeding rate (ABR) including:
         - Have current or historical life-threatening hemorrhage, or
         - Have repeated, serious spontaneous bleeding episodes.
   B. The member has received continuous FIX protein prophylaxis for > 2 months
   C. The member has had > 150 previous exposure days of treatment with FIX protein within their lifetime
   D. The member is not currently receiving immunosuppressive therapy
   E. The member does not have any current malignancies
   F. The member has not received Hemgenix or any other gene therapy
   G. The following require documentation[1]:
      i. Annualized bleeding rate (ABR)
      ii. FIX activity level
      iii. FIX inhibitor level
      iv. Neutralizing Antibody to AAV5
      v. Creatinine
      vi. AST, ALT, bilirubin, alkaline phosphatase (ALP)
      vii. Serologic testing for HIV<,hepatitis B, and hepatitis C
      viii. Weight
   H. The member must have no evidence of FIX inhibitor at screening, defined as less than 0.6 Bethesda units.
      i. Individuals with a history of transient FIX inhibitor must document at least 6 months since testing positive, with at least 2 negative FIX inhibitor tests during that period

[1] Baseline ABR will be documented for the purposes of outcomes monitoring and shall have no bearing on the decision to approve or deny.

I. The member does not have Neutralizing antibody to AAV5 equal or greater than 1:700.
J. The member has adequate renal function as evidenced by BOTH of the following:
    i. Estimated creatinine clearance of at least 30 mL/min
    ii. Creatinine levels ≤2 times the upper limit of normal
K. The member does not have liver function test values (ALT, AST, bilirubin, alkaline phosphatase [ALP]), greater than 2 times the upper limit of normal or evidence of stage 3-4 cirrhosis determined by hepatic ultrasound and elastography, unless a consulting hepatologist has assessed the member as being eligible to undergo treatment within Hemgenix .
L. The member does not have active infection, chronic or active hepatitis B or C, or immunosuppressive disorder including HIV. If member has had active infection or recent treatment for Hepatitis C, there must be evidence of Hepatitis C eradication following treatment.
M. Additional courses of therapy are considered experimental and investigational.

2. Dosing and Administration
    - The recommended dose is a single dose, given intravenously, containing a minimum of 2.0×10^{13} genome copies (gc) of body weight in which body weight is based on individual's weight prior to first apheresis. Appropriate dosing should follow the package insert.

3. Duration of Therapy
    - Single treatment course must be given within three months of approval.
    - Additional courses of therapy are considered experimental/investigational.

4. Facility Criteria
    - The medication is prescribed by a hematologist
    - The treatment will be administered at a Comprehensive Hemophilia Treatment Center

Medicaid variation
Mass General Brigham Health Plan uses the MassHealth Drug List for coverage determinations for members of the MGB ACO. Criteria for Hemgenix are found in Table 80: Anti-Hemophilia Agents.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

Codes

The following codes are included below for informational purposes only. Inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose

Effective
April 2024: Annual review. Medicaid variation added. Neutralizing antibody to AAV5 threshold changed to 1:700. Minor changes to documentation requirements and to criterion 1.L.

January 2024: Coverage for MassHealth added as reflected in table on page 1.
August 15, 2023: Correction of an error in the initial posting whereby the policy indicated that this service (J1411) is covered for Mass Health members.
August 2023: Effective Date.

References

Hemgenix Prescribing Information. King of Prussia, PA; Kankakee, IL; and Lexington, MA: CSL Behring and uniQure; November 2022.

Miesbach WA, Recht M, Key NS, et al. Durability of Factor IX activity and bleeding rate in people with severe or moderately severe hemophilia B after 5 years of follow-up in the Phase 1/2 study of AMT-060, and after 3 years of follow-up in the Phase 2b and 2 years of follow-up in the Phase 3 studies of etranacogene dezaparvovec (AMT-061). Presented at: the American Society of Hematology (ASH) 64th Annual Meeting and Exposition; New Orleans, LA; December 10-13, 2022. Available at: https://ash.confex.com/ash/2022/webprogram/Paper166810.html.

Miesbach W, Meijer K, Coppens M. et al. Gene therapy with adeno-associated virus vector 5-human factor IX in adults with hemophilia B. Blood. 2018 Mar 1;131(9):1022-1031. doi: 10.1182/blood-2017-09-804419. Epub 2017 Dec 15. PMID: 29246900; PMCID: PMC5833265.

Von Drygalski A, Giermasz A, Castaman G, et al. Etranacogene dezaparvovec (AMT-061 phase 2b): normal/near normal FIX activity and bleed cessation in hemophilia B. Blood Adv. 2019;3(21):3241-3247.

Von Drygalski A, Gomez E, Giermasz A, Castaman G, Key NS, Lattimore SS, Leebeek FWG, Miesbach WA, Recht M, Gut RZ, Dolmetsch R, Monahan PE, Le Quellec S, Pipe SW. Stable and durable factor IX levels in hemophilia B patients over 3 years post etranacogene dezaparvovec gene therapy. Blood Adv. 2022 Dec 9:bloodadvances.2022008886. doi: 10.1182/bloodadvances.2022008886. Epub ahead of print. PMID: 36490302.

World Federation of Hemophilia, European Haemophilia Consortium, National Hemophilia Foundation. News release. Joint statement: need for adeno-associated virus antibody screening in persons with hemophilia considering gene therapy. March 20, 2023. Accessed 3/19/24 at https://wfh.org/article/joint-statement-need-for-adeno-associated-virus-aav-antibody-screening-in-persons-with-hemophilia-considering-gene-therapy/.