

Clinical Policy: Voretigene Neparvovec-rzyl (Luxturna)

Reference Number: ERX.SPA.225

Effective Date: 03.01.18

Last Review Date: 02.22

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Voretigene neparvovec-rzyl (Luxturna™) is an adeno-associated virus vector-based gene therapy.

FDA Approved Indication(s)

Luxturna is indicated for the treatment of patients with confirmed biallelic *RPE65* mutation-associated retinal dystrophy. Patients must have viable retinal cells as determined by the treating physician(s).

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Luxturna is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Retinal Dystrophy (must meet all):

1. Diagnosis of retinal dystrophy confirmed by genetic diagnosis of biallelic *RPE65* gene mutations;
2. Prescribed by or in consultation with an ophthalmologist;
3. Age \geq 3 years;
4. Member has not previously been treated with Luxturna in the requested treatment eye(s);
5. Sufficient viable retinal cells as evidenced by both of the following (a and b):
 - a. Retinal thickness on spectral domain optical coherence tomography (i.e., areas of retina with thickness measurements $>$ 100 microns within the posterior pole);
 - b. Fundus photography (i.e., presence of neural retina);
6. Significant vision loss as evidenced by at least one of the following (a or b):
 - a. Visual acuity of 20/60 or worse in both eyes (*see Appendix D*);
 - b. Visual field less than 20 degrees in any meridian (*see Appendix D*);
7. Member has not received intraocular surgery within prior 6 months;
8. Full-field stimulus testing (FST) for blue and red light baseline score of $>$ $-2.00 \log_{10}(\text{cd}/\text{m}^2)$ (e.g., $+1.00 \log_{10}(\text{cd}/\text{m}^2)$);
9. Dose does not exceed 1.5×10^{11} vector genomes (vg) per eye.

Approval duration: 4 weeks (1 lifetime dose per eye)

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Retinal Dystrophy (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Greater than 6 days but no more than 18 days have passed since treatment of the first eye;

3. Request is not for a repeat treatment of a previously treated eye (see *Appendix D*);
4. Dose does not exceed 1.5×10^{11} vg per eye.

Approval duration: 4 weeks (1 lifetime dose per eye)

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

MLMT: multi-luminance mobility testing

RP: retinitis pigmentosa

vg: vector genomes

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- No clinical data are available on repeat administration of Luxturna to treat an individual eye.
- Due to significant safety concerns associated with immunogenicity against the vector and/or expressed protein, treatment of the second eye should be within 18 days of treatment of the first eye, but no fewer than 6 days apart.
- Due to the safety concerns related to subretinal injection procedure, as well as lack of evidence of clinical benefit in patients with greater baseline visual function than specified in the criteria, only patients with significant vision loss in both eyes are candidates for treatment at this time.
- Patients who did not show any viable retinal cells were excluded from the clinical studies of Luxturna and may not benefit from treatment based on its mechanism of action. Viable retinal cells can be determined by the following:
 - Fundus photography documents the retina, the neurosensory tissue in our eyes through a specialized low power microscope with an attached camera.
 - Optical coherence tomography is a noninvasive imaging test that uses light waves to take cross-section pictures of the retina to visualize the retina's distinctive layers.
- Retinitis Pigmentosa (RP) refers to a group of hereditary retinopathies or retinal dystrophies that affects about 2.5 million people worldwide. Mutations in human *RPE65* cause Leber congenital amaurosis and other forms of autosomal recessive RP, which are characterized by early-onset blindness. Leber congenital amaurosis occurs in 2 to 3 per 100,000 newborns and it is one of the most common causes of blindness in children.
- MLMT description: The MLMT is a task that challenges a subject to navigate a course independently and accurately under differing light conditions within a time limit. The test is conducted at seven different light levels, from 1 lux to 400 lux, which span a wide range of environmental lighting conditions commonly encountered during the course of everyday activities.

- The inclusion criteria in the clinical trial of Luxturna (Study 301) required that the eligible patient be able to perform a standardized MLMT test within the luminance range evaluated, but unable to pass the MLMT at 1 lux, the lowest luminance level tested.

Light Level	MLMT Lux Score
1 lux	6
4 lux	5
10 lux	4
50 lux	3
125 lux	2
250 lux	1
400 lux	0

- Significant vision loss as evidenced by Full-field Light Sensitivity Threshold (FST) or visual acuity (VA) description:
 - Visual acuity of 20/60 or worse in both eyes:
 - Visual acuity can be measured by a Snellen eye test chart or a LogMAR chart.
 - The Snellen chart has optotypes arranged a 5 by 5 on a grid to indicate the letter size. VA is determined by the line that the person can recognize, and if that line is twice as large as the reference standard (20/20), that person's Magnification Requirement (MAR) is 2x. If the MAR is 2x, the VA is 1/2 (20/40), and would need 2x the magnification. Similarly if the MAR is 3x, the VA is 1/3 (20/60), and would need 3x magnification.
 - The LogMAR chart comprises of rows of letters and is used to estimate a more accurate visual acuity than other more commonly used charts (e.g., the Snellen chart). Each letter in the LogMAR chart has a score value of 0.02 log units. Since there are 5 letters per line, the total score for a line on the LogMAR chart represents a change in 0.1 log units. The formula used in calculating the score is: [LogMAR VA = 0.1 + LogMAR value of the best line read – 0.02 X (number of letters read)]. Zero LogMAR indicates standard vision, while zero VA indicates blindness.
 - The World Health Organization established criteria for low vision using the LogMAR scale, which is defined as a best-corrected visual acuity worse than 0.5 LogMAR but equal or better than 1.3 LogMAR in the better eye. Blindness is defined as a best-corrected visual acuity worse than 1.3 LogMAR.
 - Visual field less than 20 degrees in any meridian:
 - Visual field is another distinct measurable function of the eye. It represents the visual area that is perceived simultaneously by a fixating eye.
 - The field of vision is that portion of space in which objects are visible at the same moment during steady fixation of gaze in one direction. The normal limits of the visual field consists of central vision, which includes the inner 30 degrees of vision and central fixation, and the peripheral visual field, which extends 100 degrees laterally, 60 degrees medially, 60 degrees upward, and 75 degrees downward.
 - Visual field can be measured by a **Goldmann Perimetry Test**
 - Perimetry measures all areas of eyesight, including side, or peripheral, vision. Goldmann perimetry testing is the most widely used instrument for manual perimetry (meridian). It uses a specific background luminance and a bowl with a specific radius with a dotted stimuli that is used to plot an isopter, which is denoted by:
 - Roman numerals = 0 to V (size)
 - Number = 1 to 5 (Luminance) use of filter
 - Alphabet = a to e use of filter
 - Isopter: The line connecting all points in the visual field with the same threshold for a given test spot; boundary between area of visibility of the area of non-visibility for a particular stimulus.
 - Expected findings for normal isopters for those under 50 years of age are:
 - Peripheral: I-4e
 - Intermediate: I-3e
 - Central: I-2e

- The visual field is considered abnormal if the threshold values are significantly brighter than the expected values.
- Patients with a visual field less than 20 degrees in any meridian as measured by a **III4e isopter or equivalent** in both eyes show significant vision loss for treatment with Luxturna.
- Full-field Light Sensitivity Testing (FST) threshold:
 - FST is a method to quantify extremely abnormal visual perception, and it tests the patient's light sensitivity of the entire retina by measuring the patient's perception of different luminance levels. A light flashes inside of a dome accompanied by a beeping sound, and each time a beep sounds, the patient must indicate whether or not they saw a light by pressing a yes or no button. And this is repeated at different intensities and an algorithm identifies the minimum luminance at which the patient reliably perceives light.
 - The lower or more negative the FST score, the better the eye light sensitivity, and vice versa.
 - In the Luxturna pivotal trial, all of the patients enrolled and treated had a baseline FST score of -2.00 or higher. According to Klen M. and the Retina Foundation of the Southwest, the median FST threshold of eyes of normal subjects tested were around -4.8 or lower, while a median threshold value of 0.9 +/- 1.4 log₁₀ (cd/m²) has been reported for patients with severe retinal degenerative disease with light perception.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Biallelic <i>RPE65</i> mutation-associated retinal dystrophy	1.5 x 10 ¹¹ vg administered one time by subretinal injection in a total volume of 0.3 mL per eye	1.5 x 10 ¹¹ vg/eye

VI. Product Availability

Single-dose vial: 5 x 10¹² AAV2-hRPE65v2 vg/mL

VII. References

1. Luxturna Prescribing Information. Philadelphia, PA: Spark Therapeutics, Inc.; December 2017. Available at: https://sparktx.com/LUXTURNA_US_Prescribing_Information.pdf. Accessed September 27, 2021.
2. Russell S, Bennett J, Wellman JA, et al. Efficacy and safety of voretigene neparvovec (AAV2-hRPE65v2) in patients with RPE65-mediated inherited retinal dystrophy: a randomized, controlled, open-label, phase 3 trial. *Lancet*. 2017; 390:849-60. <http://dx.doi.org/10.1016/>.
3. Dias MF, Joo K, Kemp JA, Fialho SL, da Silva Cunha A Jr, et al. Molecular genetics and emerging therapies for retinitis pigmentosa: Basic research and clinical perspectives. *Prog Retin Eye Res*. 2017; pii: S1350-9462:30052-6. doi: 10.1016/j.preteyeres.2017.10.004. [Epub ahead of print]
4. Kumaran N, Pennesi ME, Yang P, et al. Leber Congenital Amaurosis / Early-Onset Severe Retinal Dystrophy Overview. 2018 Oct 4. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2021. Available at: https://www.ncbi.nlm.nih.gov/books/NBK531510/pdf/Bookshelf_NBK531510.pdf. Accessed September 27, 2021.
5. Evans JM. Standards for visual Acuity. Intelligent Systems Division: National Institute for Standards and Technology. June 2006. https://www.nist.gov/system/files/documents/el/isd/ks/Visual_Acuity_Standards_1.pdf. Accessed September 27, 2021.
6. Klen M, the Retina Foundation of the Southwest. Psychophysical assessment of low visual function in patients with retinal degenerative disease (RDDs) with the Diagnosys full-field stimulus threshold (D-FST). *Doc Ophthalmol*. 2009; 119(3):217-224. doi:10.1007/s10633-009-9204-7.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	01.09.18	02.18

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2019 annual review: added FST score for blue and red light baseline score of > -2.00 [log10(cd.s/m ²)] as an alternative to MLMT score for initial approval; references reviewed and updated.	11.20.18	02.19
1Q 2020 annual review; no significant changes; removed baseline MLMT test requirement due to absence of available test sites; references reviewed and updated.	10.30.19	02.20
1Q 2021 annual review: no significant changes; references reviewed and updated.	10.12.20	02.21
1Q 2022 annual review: no significant changes; references reviewed and updated.	09.27.21	02.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

This policy is the property of Envolve Pharmacy Solutions. Unauthorized copying, use, and distribution of this Policy or any information contained herein is strictly prohibited. By accessing this policy, you agree to be bound by the foregoing terms and conditions, in addition to the Site Use Agreement for Health Plans associated with Envolve Pharmacy Solutions.

©2018 Envolve Pharmacy Solutions. All rights reserved. All materials are exclusively owned by Envolve Pharmacy Solutions and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve Pharmacy Solutions. You may not alter or remove any trademark, copyright or other notice contained herein.