Clinical Policy: Valoctocogene Roxaparvovec (BrandName)

Reference Number: ERX.SPA.368
Effective Date: FDA Approval Date
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

Valoctocogene roxaparvovec (Brand Name®/™) is adeno-associated virus (AAV)–mediated gene therapy under investigation as a therapeutic option for persons with hemophilia A.

FDA Approved Indication(s) [Pending]

Valoctocogene roxaparvovec is indicated for the treatment of congenital hemophilia A without factor VIII inhibitors.

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 valoctocogene roxaparvovec is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. Congenital Hemophilia A (must meet all)

**Only for initial treatment dose; subsequent doses will not be covered.*

1. Diagnosis of congenital hemophilia A (factor VIII deficiency);*
2. Prescribed by or in consultation with a hematologist;
3. Age ≥ 18 years;*
4. Member has severe hemophilia A (defined as pre-treatment factor VIII level < 1%);
5. Member meets both of the following (a and b):
   a. Member has been adherent with use of a factor VIII product (e.g., Advate®, Adynovate®, Eloctate®) for routine prophylaxis for at least 12 months as assessed and documented by prescriber;
   b. Occurrence of at least 1 serious spontaneous bleeding event while on routine prophylaxis (*see Appendix D*);

   **Prior authorization may be required*
6. Member has been treated with factor VIII concentrates or cryoprecipitate for a minimum of 150 exposure days;
7. Member meets both of the following (a and b):
   a. No previous documented history of a detectable FVIII inhibitor;
   b. Member has inhibitor level assay < 1 Bethesda units (BU) on 2 consecutive occasions at least one week apart within the last 12 months;
8. Member has no pre-existing immunity to the AAV5 capsid as measured by the AAV5 total antibody assay;
9. Physician attestation of alcohol abstinence education has been completed with patient;*
10. Provider confirms that member will discontinue any use of hemophilia A prophylactic therapy within 4 weeks after being administered valoctocogene roxaparvovec (e.g., Advate, Adynovate, Eloctate, Hemlibra®);*
11. Provider agrees to monitor the patient according to the FDA-approved label (i.e., factor VIII level tests, ALT monitoring and steroid treatment as appropriate);*

12. Provider agrees to submit ALL of the following medical information after valoctocogene administration upon plan request (a,b and c):*
    a. Factor VIII levels measured by the average of two consecutive chromogenic substrate assay measurements separated by one week;
    b. Documentation of all spontaneous bleeds after valoctocogene administration (*see Appendix D*);
    c. Documentation of any resumed continuous hemophilia A prophylaxis and duration of prophylaxis;
13. Dose does not exceed a single IV infusion of 6E13 vg per kg.*

Approval duration: 3 months (*1 dose only*)

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*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. Hemophilia A

1. Continued therapy will not be authorized as valoctocogene roxaparvovec is indicated to be dosed one time only.

Approval duration: Not applicable

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).

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

AAV: adeno-associated virus
BU: Bethesda unit
FVIII: factor VIII
FDA: Food and Drug Administration
vg per kg: vector genome per kilogram

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings [Pending]

- Contraindication(s): pending
- Boxed warning(s): pending

Appendix D: General Information

- Serious bleeding episodes include bleeds in the following site: intracranial, neck/throat, or gastrointestinal, or joints (hemarthrosis)
- Spontaneous bleed is defined as a bleeding episode that occurs without apparent cause and is not the result of trauma

V. Dosage and Administration [Pending]

Indication	Dosing Regimen	Maximum Dose
Hemophilia A	Pending	Pending

VI. Product Availability [Pending]
Pending

VII. References
1. Pasi KJ, Rangarajan S, Mitchell N, et al. Multiyear Follow-up of AAV5-hFVIII-SQ Gene Therapy for Hemophilia A. N Engl J Med 2020; 382:29-40.
2. ClinicalTrials.gov. Gene Therapy Study in Severe haemophilia A Patients. Available at: https://clinicaltrials.gov/ct2/show/NCT02576795. Accessed December 18, 2019.
3. Shrivastava A, Brewer AK, Mauser-Bunschoten EP, et al. Guidelines for the management of hemophilia. Haemophilia. 2103; 19:e1-47.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created preemptively	01.21.20	02.20
Refined criteria to further define factor VIII failure with the addition of therapy adherence and at least 1 life-threatening or serious bleeding episode; updated AAV5 total antibody assay test that was recently FDA-approved as a companion diagnostic; refined criteria to allow for 4 weeks of ANY hemophilia A prophylactic therapy after valoctocogene administration as clarified in phase 3 methodology by manufacturer; added manufacturer-proposed outcomes-based agreement criteria.	04.15.20	05.20
1Q 2021 annual review: no significant changes; references reviewed and updated. No further annual reviews required until closer to FDA approval, which will likely not be until the latter part of 2022 or later.	12.01.20	02.21
1Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.	11.11.21	02.22
Removed “life-threatening” from “life-threatening or serious bleed” criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential from misinterpretation.	05.09.22	

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.