

Pharmacy Drug Policy Checklist

POLICY NAME Luxturna (voretigene neparvovec) POLICY # 2650P

Criteria	
Coverage Criteria	
	Documented vision loss due to biallelic (double gene mutation) RPE65 variant associated retinal dystrophy confirmed by genetic testing; • Single RPE65 pathogenic variant found in the homozygous state • Two RPE65 pathogenic variants found in the trans configuration (compound heterozygous state) by segregation analysis
	 Presence of viable retinal cells as determined by treating physician as assessed by retina scan pictures (optical coherence tomography imaging) and/or fundus scope (ophthalmoscopy) An area of retina within the posterior pole of > 100μm thickness shown on optical coherence tomography, OR
disc areas of retina without atrophy or pigmentary degeneration within the posterior pole, OR Remaining visual field within 30° of fixation as measured by III4e isopter or equivalent	
	Age 12 months or older
Excl	usion Criteria – Any of the following prevents coverage
	Pregnancy
	Breastfeeding
	Use of retinoid compounds or precursors that could potentially interact with the biochemical activity of the RPE65 enzyme within the previous 18 months
	Prior intraocular surgery within 6 months

