

<b>POLICY NAME</b>	Beqvez (fidanacogene elaparvovec)	<b>POLICY #</b>	3371P
--------------------	-----------------------------------	-----------------	-------

## Criteria

### Coverage Criteria for Hemophilia B

- ☐ Males with diagnosis of moderate or severe hemophilia B
  - Diagnosis of moderate or severe hemophilia B defined as an inherited deficiency of factor IX with a factor IX activity level  $\leq 2\%$  of normal ( $\leq 0.02$  IU/dL)
- ☐ Ages 18 years or older
- ☐ Prescribed by or in consultation with a hematologist (blood disorder doctor) at a qualified hemophilia treatment center
- ☐ Documentation of one of the following:
  - Current use of Factor IX prophylaxis therapy
  - Current or historical life-threatening hemorrhage
  - Repeated, serious spontaneous bleeding episodes o Documentation must include number of bleeds within the year prior to request
- ☐ Patient does not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test
- ☐ Review of chart notes and labs documenting diagnosis and confirming that patient has met all of the above requirements for treatment by both a pharmacist and medical director

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Diagnosis of any other inherited or acquired hemophilia (ex: hemophilia A, hemophilia C, etc.)
- ☐ Documented factor IX inhibitors
- ☐ Previous treatment with any hemophilia B gene therapy