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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Retired
P&T Date: 12/04/2025

Beqvez™ (fidanacogene elaparovvec-dzkt)

HCPCS: J1414

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved age
 - b. Diagnosis of moderate to severe hemophilia B defined as factor IX levels less than 5% of normal
 - c. Prescribed by or in consultation with a hematologist
 - d. Must not be positive for AAVRh74var viral vector antibodies using an FDA-approved test
 - e. Must currently be on factor IX therapy with greater than 50 prior exposure days to treatment
 - f. Must not have a history of inhibitors to factor IX or a positive inhibitor screen defined as greater than or equal to 0.3 Bethesda units prior to administration of Beqvez
 - g. Must be treatment experienced with Hympavzi™ for at least 6 months and experienced treatment failure defined as any of the following:
 - i. Spontaneous soft tissue bleeding event
 - ii. Micro-bleeding into a joint
 - iii. Ongoing joint pain of a known target joint
 - h. Must be being treated at a federally recognized hemophilia treatment center site
 - i. Must not have received prior treatment with any gene therapy for hemophilia B or are being considered for treatment with any other gene therapy for hemophilia B
 - j. The requesting physician attests to providing clinical outcome information within the appropriate provider portal as requested by BCBSM
 - k. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limit: Align with FDA recommended dosing
 - b. Authorization Period: 3 months
 - c. Renewal Criteria: Not applicable as no further authorization will be provided

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Beqvez is an adeno-associated virus vector-based gene therapy indicated for the treatment of adults with moderate to severe hemophilia B who currently use factor IX prophylaxis therapy, or have current or historical life-threatening hemorrhage, or have repeated, serious spontaneous bleeding episodes, and do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test.
- Hemophilia B is a rare genetic bleeding disorder in which affected individuals have insufficient levels of factor IX. It is the second most common type of hemophilia and caused by mutations in the F9 gene. The F9 gene is located on the X chromosome and thus the disease is inherited as an X-linked recessive trait. About 30% of cases are the result of spontaneous genetic mutations. Studies report that over 50% of people newly diagnosed with severe hemophilia have no prior family history. Overall incidence is estimated at 1 in 25,000 male births.
- The symptoms and severity of hemophilia B may vary greatly from one person to another. Hemophilia B can range from mild to moderate to severe.
 - Mild hemophilia patients have a factor activity of 5% to 40% and usually do not experience any major problems in everyday life. It often goes unnoticed until puberty or adulthood when bleeding after surgery or a deep cut lasts longer than normal. These patients do not typically need prophylactic therapy and only require on-demand factor for injuries or surgeries.
 - Moderate hemophilia patients have a factor activity of 1% to 5% and may have occasional episodes of spontaneous bleeding from deep tissues such as joints and muscles. These episodes are usually associated with some injury or inciting event. Individuals with moderate hemophilia B are at risk for prolonged bleeding following surgery or trauma. Affected individuals are usually diagnosed by 5 or 6 years of age. The frequency of spontaneous bleeding episodes in individuals with moderate hemophilia B is highly variable resulting in some patients needing consistent prophylactic factor IX and others only needing on-demand factor IX for medical procedures.
 - Severe hemophilia patients have a factor level of less than 1% and often have bleeding for no known reason, especially in the joints and muscles. From infancy, patients bruise easily and as they become more active, learn to walk, and put more strain on their joints and muscles, bleeding starts to occur. Without preventative treatment, a young child may experience 2 to 5 spontaneous bleeding episodes per month.
- Hemophilia B should be suspected in individuals presenting with a history of easy bruising, spontaneous bleeding, particularly into the joints, muscles, and soft tissues, or excessive bleeding following trauma or surgery. If hemophilia is suspected, the clinician should obtain the patient's bleeding history and family history of abnormal or unexplained bleeding experienced by any siblings or maternal male relatives to assess patterns of inheritance and assist with diagnosis. A definitive hemophilia B diagnosis is based on a factor assay to demonstrate a deficiency of factor IX. Once an individual is diagnosed with hemophilia B, the specific mutation in the F9 gene responsible for causing hemophilia may be identified.
- The current standard of care for hemophilia B is the use of factor IX replacement therapy. There are two types of factor products available to treat hemophilia which include plasma derived factor, entirely made of plasma from

human donations and recombinant factor, which is made by genetically engineered technology, both with standard and extended half-life products. All factor products have demonstrated to have similar safety and efficacy in clinical studies treating or reducing bleeding episodes with the apparent difference in the frequency of administration: up to three times weekly injections for standard products and weekly or every two weeks for extended half-life products. To be enrolled in the BENEENE-2, patients needed to be stable on factor IX therapy for 6 months prior Hemgenix administration.

- Hymapavzi is a tissue factor pathway inhibitor (TFPI) antagonist that reduces the amount of tissue factor pathway inhibitor, thereby increasing the amount of thrombin generated. It can be used to treat patients without inhibitors who continue having spontaneous bleeds on prophylactic factor IX therapy. Failure of Hymapavzi is denoted by spontaneous soft tissue bleeds, micro-bleeding into a joint, or ongoing joint pain of a known target joint.
- It is estimated that less than 5% of individuals with severe hemophilia B develop inhibitors against factor IX replacement therapy. Inhibitors most often develop during childhood, especially during the first 20 exposure days. Exposure days are counted as a day during which a patient receives factor. Controlling bleeds is a greater challenge in hemophilia patients with inhibitors than in those without. Inhibitors to factor IX are associated with a higher disease burden, including increased risk of musculoskeletal complications, pain, physical limitations, and treatment challenges, all of which may impact a patient's physical functioning, capacity for physical activities, and quality of life. The definition of a positive inhibitor is a Bethesda titer of greater than or equal to 0.3 BU for factor IX. Patients positive for factor IX inhibitors or with a prior history of factor IX inhibitors were excluded from the BENEENE-2 trial. In order to limit the risk of inhibitor development following Beqvez therapy, the BENEENE-2 study also required patients had greater than 50 prior exposure days to factor IX therapy before receiving gene therapy.
- Beqvez uses an adeno-associated virus serotype Rh74var vector (AAVRh74var) to deliver a functional copy of the F9 gene to the patient's liver where functional factor IX is produced. Patients with high AAVRh74var antibody titers may not respond to gene therapy due to the antibodies neutralizing Beqvez before the functional F9 gene can be properly incorporated into the patient's genome. The BENEENE-2 study excluded patients from the trial based on antibody titer levels, however, the antibody titer level cutoff for inclusion was not reported. It is important for physicians to be aware of the patients antibody titer levels before administering treatment and the prescribing information and indication require patients not be positive for AAVRh74var antibodies to be eligible for Beqvez.

References:

1. Beqvez [prescribing information]. New York, NY: Pfizer Inc.; April 2024.
2. Clinicaltrials.gov. A study to evaluate the efficacy and safety of factor IX gene therapy with PF-06838435 in adult males with moderately severe to severe hemophilia B (BENEENE-2) (NCT03861273). Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT03861273>. Accessed on April 29, 2024.
3. Shapiro AD. Hemophilia b. 2023 Sept 20. Available at: <https://rarediseases.org/rare-diseases/hemophilia-b/>. Accessed on April 29, 2024.
4. World Federation of Hemophilia. Guidelines for the management of hemophilia. Haemophilia. 2020 August 3. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/hae.14046>. Accessed on: April 29, 2024.
5. Carcao M and Goudemand J. Inhibitors in hemophilia: a primer. 2018 Nov. Available at: <https://www1.wfh.org/publication/files/pdf-1122.pdf>. Accessed on April 29, 2024.

Policy History												
#	Date	Change Description										
1.7	Effective Date: 12/04/2025	Retiring policy as the product has been discontinued by the manufacturer										
1.6	Effective Date: 08/01/2025	UM medical management system removal for MAPPO and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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BCNA	No											
1.5	Effective Date: 12/12/2024	Updated to include a step on Hympavzi										
1.4	Effective Date: 08/08/2024	Updated to change the provider portal requirement from Audaire to the appropriate provider portal										
1.3	Effective Date: 06/06/2024	New policy										
1.2	Effective Date: 06/01/2024	UM medical management system update for MAPPO and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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1.1	Effective Date: 05/09/2024	UM medical management system update for BCBS and BCN <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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1.0	Effective Date: 02/08/2024	Preliminary Drug Review <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

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