Louisiana Medicaid
Fidanacogene elaparvovec-dzkt (Beqvez™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for fidanacogene elaparvovec-dzkt (Beqvez™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria

- The recipient is a male; **AND**
- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of moderate to severe hemophilia B (congenital factor IX deficiency) **AND ONE** of the following is true and is **stated on the request**:
    - Currently use factor IX prophylaxis therapy, **OR**
    - Have current or historical life-threatening hemorrhage, **OR**
    - Have repeated, serious spontaneous bleeding episodes, **AND**
- The recipient does not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test; **AND**
- The medication is prescribed by a physician experienced in the treatment of hemophilia; **AND**
- **ALL** of the following are true and are **stated on the request**:
    - **ONE** of the following:
        - The recipient does not have HIV infection; **OR**
        - The recipient does not have either CD4+ cell count ≤ 200 mm^3 or viral load > 20 copies/mL in case of serological evidence of HIV-1 or HIV-2 infection; **AND**
    - The recipient does not have active factor IX inhibitors (has not had a positive test [≥ 0.6 Bethesda Units (BU)]) or a prior history for factor IX inhibitor); **AND**
    - The recipient does not have any of the following – current liver-related coagulopathy, hypoalbuminemia, persistent jaundice, cirrhosis, portal hypertension, splenomegaly, hepatic encephalopathy, hepatic fibrosis, or active viral hepatitis; **AND**
    - The recipient does not have active Hepatitis B or C infection.
- The recipient **has never received a dose** of any gene therapy.

Duration of approval: 6 months – allow 1 dose per lifetime

Reference

Beqvez (fidanacogene elaparvovec-dzkt) [package insert]. New York, NY: Pfizer Inc.; April 2024. https://labeling.pfizer.com/ShowLabeling.aspx?id=20452

Revision / Date	Implementation Date
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