



MVP Health Care Medical Policy

Medicare Part B: Luxturna

Type of Policy: Drug Therapy

Prior Approval Date: N/A

Approval Date: 11/01/2023

Effective Date: 01/01/2024

Related Policies: N/A

Drug Requiring Prior Authorization (covered under the medical benefit)

J3398 Luxturna (voretigene neparvovec-rzyl) intraocular suspension

Refer to the MVP website for the Medicare Part D formulary for drugs that may be covered under the Part D benefit.

Overview/Summary of Evidence

Luxturna is an adeno-associated virus vector-based gene therapy indicated as an orphan drug for the treatment of patients with confirmed biallelic *RPE65* mutation-associated retinal dystrophy. Treatment with Luxturna includes one dose per eye per lifetime.

Indications/Criteria

Luxturna will be considered for coverage when ALL the following are met:

- Prescribed and administered by an ophthalmologist or retinal surgeon with experience providing sub-retinal injections
- Patient is at least 12 months of age but not greater than 64 years of age
- Patient has a confirmed diagnosis of biallelic *RPE65* mutation-associated retinal dystrophy
- Chart notes document genetic testing to confirm mutation in both copies of the *RPE65* gene
- Patient must have viable retinal cells, as defined by:
 - an area in the retina within the posterior pole of greater than 100 μm thickness shown on OCT (optical coherence tomography); OR
 - ≥ 3 -disc areas of retina without atrophy or pigmentary degeneration within the posterior pole; OR

- remaining visual field within 30 degrees of fixation as measured by a III4e isopter or equivalent
- Treatment with Luxturna must be done separately in each eye on separate days, with at least six days between surgical procedures
- The patient must not have had treatment with Luxturna previously in the intended eye
- The facility at which Luxturna is administered must be appropriately certified to do so. More information on this can be found here:
<https://mysparkgeneration.com/hcp-support.html#TreatmentCenters>

If approved, coverage will be provided for a maximum of 1 injection per eye per lifetime. Coverage of lost, damaged, or mishandled product will not be covered. Coverage is contingent on eligibility at the time of administration.

Exclusions

- Dose and/or frequency exceeding the package label
- Patient is pregnant
- Patient has previous administration of gene therapy vector
- Use of retinoid compounds or precursors that could potentially interact with the biochemical activity of the *RPE65* enzyme (individuals must discontinue use of these compounds for 18 months prior to Luxturna administration)
- Prior intraocular surgery within 6 months

References

1. Luxturna (voretigene neparovec-ryzel) prescribing information. Philadelphia, PA: Spark Therapeutics, Inc. 2017
2. A Safety and Efficacy Study in Subjects with Leber Congenital Amaurosis (LCA) Using Adeno-Associated Viral Vector to Deliver the Gene for Human RPE65 to the Retinal Pigment Epithelium (RPE) [AAV2-hRPE65v2-301]. Available online at:
<https://www.clinicaltrials.gov/ct2/show/NCT00999609?term=voretigene+neparovec-rzyl&rank=1>
3. New York State Medicaid Update. March 2018; Vol 34: Number 3. Available at:
[New York Medicaid Update, Volume 34 Number 3, March 2018 \(ny.gov\)](#)