SPECIALTY GUIDELINE MANAGEMENT

ROCTAVIAN (valoctocogene roxaparvovec-rvox)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Roctavian is indicated for the treatment of adults with severe hemophilia A (congenital factor VIII deficiency with factor VIII activity < 1 IU/dL) without antibodies to adeno-associated virus serotype 5 (AAV5) detected by an FDA-approved test.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Chart notes, medical records, or lab results documenting all of the following:

- A. Severe factor VIII deficiency (factor VIII activity levels less than or equal to 1 IU/dL).
- B. Absence of pre-existing antibodies to the adeno-associated virus serotype 5 (AAV5) capsid.
- C. Absence of factor VIII inhibitor confirmed by a Bethesda assay (lab test results required).

III. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a hematologist.

IV. CRITERIA FOR INITIAL APPROVAL

Hemophilia A

Authorization of 3 months for one dose total may be granted for treatment of severe hemophilia A when all of the following criteria are met:

- A. Member must be 18 years of age or older.
- B. Member has severe disease with factor VIII activity levels less than or equal to 1 IU/dL.
- C. Absence of pre-existing antibodies to AAV5 was confirmed by an FDA-approved test (e.g., AAV5 DetectCDxTM).
- D. Member does not have prior or active factor VIII inhibitors (inhibitor titer must be less than 0.6 Bethesda Units [BU]).
- E. Member has not received treatment with the requested medication previously.

V. REFERENCES

1. Roctavian [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; June 2023.

Roctavian 6062-A SGM P2024

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



Reference	number	S	١

6062-A

Roctavian 6062-A SGM P2024

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

