

Reference number(s)
5544-A

# Specialty Guideline Management

## Zynteglo

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zynteglo	betibeglogene autotemcel

### 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<sup>1</sup>

Zynteglo is indicated for the treatment of adult and pediatric patients with beta-thalassemia who require regular blood cell (RBC) transfusions.

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

### Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Molecular or genetic testing results documenting transfusion-dependent beta-thalassemia genotype.
- Chart notes or medical record documenting history of blood cell transfusions for the previous two years.

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# Prescriber Specialties

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

## Coverage Criteria

### Transfusion-Dependent Beta-Thalassemia<sup>1-4</sup>

Authorization of 3 months for one dose total may be granted for transfusion-dependent beta-thalassemia when all of the following criteria are met:

- Member is 4 years of age or older and meets both of the following criteria:
  - Member weighs at least 6 kg.
  - Member is reasonably anticipated to provide at least the minimum number of cells required to initiate the manufacturing process.
- Member has a diagnosis of transfusion-dependent beta-thalassemia with a non- $\beta^0/\beta^0$  OR  $\beta^0/\beta^0$  genotype confirmed via genetic testing (see Appendix for examples).
- Member requires regular blood cell transfusions and meets one of the following criteria within the previous two years:
  - Member has received at least 100 milliliter per kilogram of packed red blood cells (pRBCs) per year.
  - Member has received at least 8 transfusions events of packed red blood cells (pRBCs) per year.
- Member is eligible for a hematopoietic stem cell transplant (HSCT) but is unable to find a matched (10/10) human leukocyte antigen (HLA) related donor.
- Member has not received a prior hematopoietic stem cell transplant (HSCT).
- Member has not received Zynteglo or any other gene therapy previously.
- Member does not have any of the following conditions:
  - Severe iron overload (e.g., T2\*-weighted magnetic resonance imaging [MRI] measurements of myocardial iron less than 10 msec).
  - Positive for the presence of human immunodeficiency virus type 1 or 2 (HIV-1 and HIV-2), hepatitis B virus (HBV), or hepatitis C (HCV).
  - Any prior or current malignancy.
  - Advanced liver disease (e.g., bridging fibrosis, cirrhosis, active hepatitis).
  - Uncorrected bleeding disorder.
  - Myeloproliferative and/or immunodeficiency disorder.
  - Uncontrolled seizure disorder.
  - Renal impairment (e.g., estimated glomerular filtration rate  $\leq 70$  mL/min/1.73 m<sup>2</sup>).

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## Appendix<sup>1-3</sup>

Examples of non- $\beta 0/\beta 0$  OR  $\beta 0/\beta 0$  genotypes:

- $\beta 0/\beta 0$
- $\beta 0/\beta +$
- $\beta E/\beta 0$
- $\beta 0/IVS-I-110$
- $IVS-I-110/IVS-I-110$

## References

1. Zynteglo [package insert]. Somerville, MA: Bluebird Bio; August 2022.
2. Locatelli F, Thompson AA, Kwiatkowski JL, et al. Betibeglogene Autotemcel Gene Therapy for Non- $\beta 0/\beta 0$  Genotype  $\beta$ -Thalassemia. *N Engl J Med.* 2022;386(5):415-427.
3. Ashutosh Lal, Franco Locatelli, Janet L. Kwiatkowski, Andreas E. Kulozik, Evangelia Yannaki, John B. Porter, Isabelle Thuret, Martin G. Sauer, Heidi Elliot, Ying Chen, Richard A. Colvin, Alexis A. Thompson; Northstar-3: Interim Results from a Phase 3 Study Evaluating Lentiglobin Gene Therapy in Patients with Transfusion-Dependent  $\beta$ -Thalassemia and Either a  $\beta 0$  or IVS-I-110 Mutation at Both Alleles of the HBB Gene. *Blood* 2019; 134 (Supplement\_1): 815.
4. Cappellini MD, Farmakis D, Porter J, Taher A. 2021 Guidelines for the management of transfusion dependent thalassaemia (TDT). Nicosia, Cyprus: Thalassaemia International Federation, 2021.